

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Mel Miller for Mayor		9DF0VX	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
112 Hickory Dr., Leland NC 28451		July 18, 2025	
c. Committee Website (Optional)		f. Phone Number	
		910-515-8392	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Mildred Miller		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
112 Hickory Dr., Leland NC 28451		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-515-8392	melmiller352@yahoo.com	2025	Sandy Creek
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Mel Miller			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
112 Hickory Dr., Leland NC 28451			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-515-8392	melmiller352@yahoo.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Self-Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.</p> <p>Mel Miller _____ Printed Name of Treasurer</p> <p><i>Mel Miller</i> _____ Signature of Appointed Treasurer</p> <p>July 18, 2025 _____ Date</p> <p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p> <p>Mildred Miller _____ Printed Name of Candidate</p> <p><i>Mildred Miller</i> _____ Signature of Candidate</p> <p>July 18, 2025 _____ Date</p>			

RECEIVED

JUL 18 2025

BRUNSWICK COUNTY
BOARD OF ELECTIONS