

# 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	
Peter C. Quinn for Mayor			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 3154 Bald Head Island, NC 28461		July 7, 2025	
c. Committee Website (Optional)		f. Phone Number	
		910-540-6776	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Peter C. Quinn		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 3154 Bald Head Island, NC 28461		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-540-6776	pcquinnarch@gmail.com	2025	Bald Head Island
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Peter C. Quinn			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO Box 3154 Bald Head Island, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-540-6776	pcquinnarch@gmail.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	
RECEIVED JUL 07 2025 BRUNSWICK COUNTY BOARD OF ELECTIONS		Self-Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number		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>Peter C. Quinn _____ July 7, 2025                  Printed Name of Treasurer Signature of Appointed Treasurer 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>Peter C. Quinn _____ July 7, 2025                  Printed Name of Candidate Signature of Candidate Date</p>			