

# Statement of Organization - Candidate Committee

Is this statement:

☐ New

☒ Amended

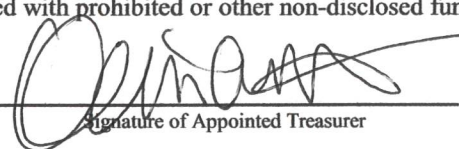
Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

<b>1. Committee Information</b>			
a. Name of Committee Curtin for Council		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 470 Hill Rd, Southern Pines, NC 28387		e. Date Organized 7/11/25	
c. Committee Website (Optional)		f. Phone Number	
<b>2. Candidate Information</b>			
a. Full Name Bob Curtin		e. Party Affiliation Unaffiliated	
b. Mailing Address (include City, State, and Zip Code) 470 Hill Rd Southern Pines, NC 28387		f. Office Sought Southern Pines Town Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name Corrie Dodds		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 100 Cliff Ct Southern Pines, NC 28387		b. Mailing Address (include City, State and Zip Code) Same	
c. Phone Number 910 850 4215	d. Email Address Corrie.Campaign@gmail.com	c. Phone Number	d. Email Address
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
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			

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.

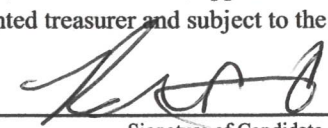
Corrie Dodds  
Printed Name of Treasurer

  
Signature of Appointed Treasurer

16 Aug 25  
Date

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.

Robert P Curtin  
Printed Name of Candidate

  
Signature of Candidate

16 AUG 25  
Date