

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.

1. Committee Information

a. Name of Committee	d. ID Number
Curtin for Council	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
470 Hill Rd, Southern Pines, NC 28387	7/11/25
c. Committee Website (Optional)	f. Phone Number

2. Candidate Information

a. Full Name	e. Party Affiliation
Bob Curtin	Unaffiliated
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
470 Hill Rd Southern Pines, NC 28387	Southern Pines Town Council
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information			
Corrie Dodds	a. Full Name			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)			
100 Cliff Ct Southern Pines, NC 28387	Spamer			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address	
910 850 4215	Corrie.Campaign@gmail.com			
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices		

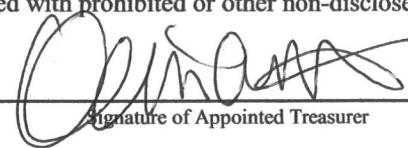
5. Custodian of Books Information (Keeper of Records)

a. Full Name	6. Account Information (incl. CRO-3500)			
	a. Financial Institution Full Name	RECEIVED		
b. Mailing Address (include City, State, and Zip Code)				AUG 18 2025
	b. Account Code	c. Type	MOORE BOE	
c. Phone Number	d. Email Address			
<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

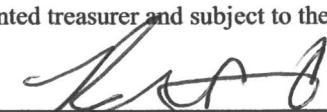
16 Aug 25

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