

# 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		
<i>Curtin for Council</i>			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
<i>470 Hill Road Southern Pines NC 28387</i>	<i>7/11/2025</i>		
c. Committee Website (Optional)	f. Phone Number		

## 2. Candidate Information

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

## 3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information		
<i>Bob Curtin</i>	a. Full Name		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
<i>470 Hill Road Southern Pines NC 28387</i>			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

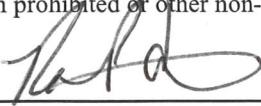
## 5. Custodian of Books Information (Keeper of Records)

a. Full Name	6. Account Information (incl. CRO-3500)		
	a. Financial Institution Full Name <i>JUL 11 2025</i>		
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.

Robert P Curtin

Printed Name of Treasurer



Signature of Appointed Treasurer

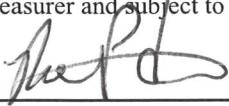
*11 July 25*

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

*11 July 25*

Date