
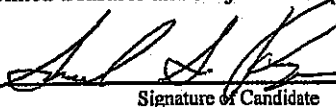


Statement of Organization - Candidate Committee

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	
SAM PAGE 4 NC			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO BOX 4572, EDEN, NC, 27289-4572		2/13/2025	
c. Committee Website (Optional)		f. Phone Number	
		336-520-3889	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
SAMUEL SCOTT PAGE		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO BOX 4572, EDEN, NC 27289-4572		NC SENATE	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
	SHERIFFPAGE@GMAIL.COM	2024	District 26
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
TREVOR GARDNER		NONE	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
612 BUSINESS PARK DR, SUITE C EDEN, NC 27288			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-635-9057	trevor@gardnercpafirm.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	
TREVOR GARDNER		HOMETRUST BANK	
b. Mailing Address (include City, State, and Zip Code)			
612 BUSINESS PARK DR, SUITE C EDEN, NC			
c. Phone Number	d. Email Address	b. Account Code	c. Type
336-635-9057	trevor@gardnercpafirm.com	1	CHECKING
<input checked="" 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>TREVOR GARDNER Printed Name of Treasurer</p> <p> Signature of Appointed Treasurer</p> <p>2/16/2025 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>SAMUEL PAGE Printed Name of Candidate</p> <p> Signature of Candidate</p> <p>2/16/2025 Date</p>			