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
Committee to Elect John Shirk for Town Council	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
107-4 Crooked Gulley Circle Sunset Beach, NC 28468	7/9/2021
c. Committee Website (Optional)	**f. Phone Number**
	910-269-6360

2. Candidate Information

a. Full Name		e. Party Affiliation	
John Shirk		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
107-4 Crooked Gulley Circle Sunset Beach, NC 28468		Council Member	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
910-269-6360	SSB.John.Shirk@gmail.com	2021	Sunset Beach
☒ Email copy of report notices			

3. Treasurer Information

a. Full Name	
John Shirk	
b. Mailing Address (include City, State, and Zip Code)	
107-4 Crooked Gulley Circle Sunset Beach, NC 28468	
c. Phone Number	**d. Email Address**
910-269-6360	SSB.John.Shirk@gmail.com
Send report notices by email ☒ Yes ☐ No	

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**
☐ Email copy of report notices	

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5. Custodian of Books Information (Keeper of Records)

a. Full Name	
JOHN M. SHIRK	
b. Mailing Address (include City, State, and Zip Code)	
107-4 CROOKED GULLEY CIRCLE SUNSET BEACH, NC 28468	
c. Phone Number	**d. Email Address**
(910)269-6360	SSB.JOHN.SHIRK@GMAIL.COM
☐ Email copy of report notices	

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
UNITED BANK	
840 SUNSET BLVD N SUNSET BEACH, NC 28468	
b. Account Code	**c. Type**
1070	Checking

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.

JOHN M. SHIRK	John M. Shirk	7/15/2021
Printed Name of Treasurer	Signature of Appointed Treasurer	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.

JOHN SHIRK	John M. Shirk	7/15/2021
Printed Name of Candidate	Signature of Candidate	Date