

# 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	
Sherwood for BSL			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
109 Cedar Road Southport, NC 28461		7/6/2021	
c. Committee Website (Optional)		f. Phone Number	
		910-431-6576	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Kimberly Sherwood		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
109 Cedar Road Southport, NC 28461		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-431-6576	kimsherwood59@gmail.com	2021	BSL
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Kimberly Sherwood			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
109 Cedar Road Southport, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-431-6576	kimsherwood59@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)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Self Funded	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
		Self Funded	
<input type="checkbox"/> Email copy of report notices			

RECEIVED  
 JUL 06 2021  
 BRUNSWICK COUNTY  
 BOARD OF ELECTIONS

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.

Printed Name of Treasurer	Signature of Appointed Treasurer	<u>7-6-21</u> Date
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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.

Printed Name of Candidate	Signature of Candidate	<u>7-6-21</u> Date
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