

# 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	
Edward Springer for Alderman			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3017 Bay Village Street Shallotte, NC 28470		7/18/2023	
c. Committee Website (Optional)		f. Phone Number	
		330-575-4312	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Edward Springer		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3017 Bay Village Street Shallotte, NC 28470		Alderman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
330-575-4312	edwardspringer@att.net	2023	Shallotte
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Edward Springer			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3017 Bay Village Street Shallotte, NC 28470			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
330-575-4312	edwardspringer@att.net		
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>RECEIVED</b>	
		<b>JUL 18 2023</b>	
c. Phone Number	d. Email Address	b. Account Code	c. Type
			BRUNSWICK COUNTY BOARD OF ELECTIONS
<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.

EDWARD SPRINGER  
 Printed Name of Treasurer

*Edward Springer*  
 Signature of Appointed Treasurer

7-18-23  
 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.

EDWARD SPRINGER  
 Printed Name of Candidate

*Edward Springer*  
 Signature of Candidate

7-18-23  
 Date