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 Forrest King	4DFNV9
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
9970 Beach Drive Unit 1 Calabash NC 28467	7/19/2023
c. Committee Website (Optional)	**f. Phone Number**
	910-520-2231

2. Candidate Information

a. Full Name		e. Party Affiliation	
James Forrest King		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
9970 Beach Drive Unit 1 Calabash NC 28467		Councilman	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
910-520-2231	forrestking@atmc.net	2023	Calabash
☒ Email copy of report notices			

3. Treasurer Information

a. Full Name	
James Forrest King	
b. Mailing Address (include City, State, and Zip Code)	
9970 Beach Drive Unit 1 Calabash NC 28467	
c. Phone Number	**d. Email Address**
910-520-2231	forrestking@atmc.net
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	

5. Custodian of Books Information (Keeper of Records)

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

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

a. Financial Institution Full Name	
Self funded	
b. Account Code	**c. Type**

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JUL 19 2023
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.

Forrest King — Printed Name of Treasurer
Forrest King — Signature of Appointed Treasurer
7.19.23 — 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.

Forrest King — Printed Name of Candidate
Forrest King — Signature of Candidate
7.19.23 — Date