

Statement of Organization – Candidate Committee

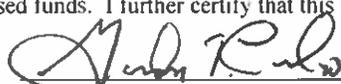
Is this statement:
 New Amended

Use this form to create a new or update an existing candidate committee.

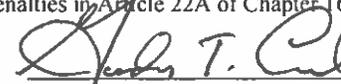
This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

| 1. Committee Information | | | |
|--|------------------|--|---------------------------------------|
| a. Name of Committee | | d. ID Number | |
| Committee to Elect Gordon Corlew | | 1DFJBC | |
| b. Mailing Address (include City, State and Zip Code) | | e. Date Organized | |
| 4577 Regency Crossing Southport, NC 28461 | | 7/20/2023 | |
| c. Committee Website (Optional) | | f. Phone Number | |
| | | 910-457-1799 | |
| 2. Candidate Information | | | |
| a. Full Name | | e. Party Affiliation | |
| Gordon Thomas Corlew | | Nonpartisan | |
| b. Mailing Address (include City, State, and Zip Code) | | f. Office Sought | |
| 4577 Regency Crossing Southport, NC 28461 | | Commissioner | |
| c. Phone Number | d. Email Address | g. Next Election Year | h. Jurisdiction |
| 910-457-1799 | gcorlew@aol.com | 2023 | Southeast Brunswick Sanitary District |
| <input type="checkbox"/> Email copy of report notices | | | |
| 3. Treasurer Information | | 4. Assistant Treasurer Information | |
| a. Full Name | | a. Full Name | |
| Gordon Thomas Corlew | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 4577 Regency Crossing Southport, NC 28461 | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 910-457-1799 | gcorlew@aol.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) | | | |
| | | | |
| c. Phone Number | d. Email Address | b. Account Code | c. Type |
| | | | JUL 20 2023 |
| <input type="checkbox"/> Email copy of report notices | | 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 | 7/20/23 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.

| | | |
|--|--|-----------------|
|  Printed Name of Candidate |  Signature of Candidate | 7/20/23 Date |
|--|--|-----------------|