

# 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	
PETER GOEWY FOR SEWER DISTRICT			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3856 HARMONY CIR SE SOUTHPORT, NC 28461		07/11/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-368-3624	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
PETER S GOEWY		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3856 HARMONY CIR SE SOUTHPORT, NC 28461		COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-368-3624	PGOEWEY1@EC.RR.COM	2023	SOUTHEAST BRUNSWICK SANITARY DISTRICT
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
PETER S GOEWY			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3856 HARMONY CIR SE SOUTHPORT, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-368-3624	PGOEWEY1@EC.RR.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 11 2023
		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.

PETER S GOEWY  
 Printed Name of Treasurer

*Peter S Goewy*  
 Signature of Appointed Treasurer

7/11/23  
 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.

PETER S GOEWY  
 Printed Name of Candidate

*Peter S Goewy*  
 Signature of Candidate

7/11/23  
 Date