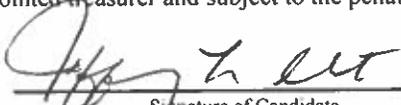


Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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 Jeff Alt		3DFHV6	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
25 Bayberry Cir., Carolina Shores NC 28467		July 8, 2025	
c. Committee Website (Optional)		f. Phone Number	
		336-432-2623	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Jeffrey Alt		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
25 Bayberry Cir., Carolina Shores NC 28467		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-432-2623	jlalt@yahoo.com	2025	Carolina Shores
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Jeff Alt			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
25 Bayberry Cir., Carolina Shores NC 28467			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-432-2623	jlalt@yahoo.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
<input type="checkbox"/> Email copy of report notices			
<p>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.</p>			
Jeff Alt _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	
		July 8, 2025 _____ Date	
<p>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.</p>			
Jeffrey Alt _____ Printed Name of Candidate		 _____ Signature of Candidate	
		July 8, 2025 _____ Date	