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
Jeff Winecoff	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
1047 Redwood Dr, Boiling Spring Lakes, NC 28461	07/15/25
c. Committee Website (Optional)	**f. Phone Number**
	910-845-3009

2. Candidate Information

a. Full Name	e. Party Affiliation
Jeff Winecoff	Non-Partisan
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
1047 Redwood Dr, Boiling Spring Lakes, NC 28461	Mayor
c. Phone Number / **d. Email Address**	**g. Next Election Year** / **h. Jurisdiction**
910-845-3009 / oki_jeffw@bellsouth.net	2025 / Boiling Spring Lakes
☑ Email copy of report notices	

3. Treasurer Information

a. Full Name	
Jeff Winecoff	
b. Mailing Address (include City, State, and Zip Code)	
1047 Redwood Dr, Boiling Spring Lakes, NC 28461	
c. Phone Number	**d. Email Address**
910-845-3009	oki_jeffw@bellsouth.net
Send report notices by email ☑ Yes ☐ No	

4. Assistant Treasurer Information

a. Full Name	
None	
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	
None	
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	
Woodforest	
b. Account Code	**c. Type**
0325	Checking

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JUL 15 2025
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	Date
Jeff Winecoff		07/15/25

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	Date
Jeff Winecoff		07/15/25