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.

RECEIVED
JUL 24 2025
BRUNSWICK COUNTY BOARD OF ELECTIONS

1. Committee Information

a. Name of Committee	d. ID Number
Committee to Elect Jwantana Frink	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
516 N Lord St, Southport, NC 28461	07/14/2025
c. Committee Website (Optional)	**f. Phone Number**
	910-352-8025

2. Candidate Information

a. Full Name	e. Party Affiliation
Jwantana Gardner Frink	Non-Partisan
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
516 N Lord St, Southport, NC 28461	Board of Trustees

c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-352-8025	jgfrink@att.net	2025	Dosher Hospital

☑ Email copy of report notices

3. Treasurer Information

a. Full Name
Greg Alan Antrican
b. Mailing Address (include City, State, and Zip Code)
5239 Meagan Ln NE, Winnabow, NC 28479

c. Phone Number	d. Email Address
910-431-2621	gbjc04@gmail.com

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
Greg Alan Antrican
b. Mailing Address (include City, State, and Zip Code)
5239 Meagan Ln NE, Winnabow, NC 28479

c. Phone Number	d. Email Address
910-431-2621	gbjc04@gmail.com

☑ Email copy of report notices

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

a. Financial Institution Full Name
Woodforest National Bank
1114 New Point Blvd Leland NC

b. Account Code	c. Type
4260	Checking

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
Greg Alan Antrican	Greg Alan Antrican	07/23/2025

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
Jwantana Frink		7-23-25