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 Walter Goodenough	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
905 Palmer Dr, Carolina Shores, NC 28467	07/17/25
c. Committee Website (Optional)	**f. Phone Number**
	910-664-7548

2. Candidate Information

a. Full Name	e. Party Affiliation
Walter Goodenough	Non-Partisan
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
905 Palmer Dr, Carolina Shores, NC 28467	Commissioner

c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-664-7548	walter.goodenough@yahoo.com	2025	Carolina Shores

☐ Email copy of report notices

3. Treasurer Information

a. Full Name	
Walter Goodenough	
b. Mailing Address (include City, State, and Zip Code)	
905 Palmer Dr, Carolina Shores, NC 28467	
c. Phone Number	**d. Email Address**
910-664-7548	walter.goodenough@yahoo.com

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**

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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**

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

a. Financial Institution Full Name	
Self-Funded	
b. Account Code	**c. Type**

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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.

Walter Goodenough		07/17/25
Printed Name of Treasurer	Signature of Appointed Treasurer	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.

Walter Goodenough		07/17/25
Printed Name of Candidate	Signature of Candidate	Date