

# 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 Clif Cheek Campaign	d. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 7661, Ocean Isle Beach, NC 28469	e. Date Organized 7/23/2025
c. Committee Website (Optional)	f. Phone Number

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BRUNSWICK COUNTY  
BOARD OF ELECTIONS

2. Candidate Information			
a. Full Name Clif Cheek		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) PO Box 7661 Ocean Isle Beach, NC 28469		f. Office Sought County Commissioner	
c. Phone Number	d. Email Address clif@cheekteam.com	g. Next Election Year 2026	h. Jurisdiction Brunswick
<input type="checkbox"/> Email copy of report notices			

Electronic signature approved and accepted by NCSBE 07/30/2025

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Greg Fornshell		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) PO Box 80172 Raleigh, NC 27623		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 704-770-5992	d. Email Address greg@pacmanagementservices.com	c. Phone Number	d. Email Address
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 First Citizens	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code 01	c. Type Checking
<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.

Greg Fornshell <hr/> Printed Name of Treasurer	Greg Fornshell <small>Digitally signed by Greg Fornshell Date: 2025.07.23 10:28:29 -04'00'</small> <hr/> Signature of Appointed Treasurer	7/23/2025 <hr/> Date
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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.

Clif Cheek <hr/> Printed Name of Candidate	Clif Cheek <small>Digitally signed by Clif Cheek Date: 2025.07.24 15:41:21 04'00'</small> <hr/> Signature of Candidate	7/23/2025 <hr/> Date
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