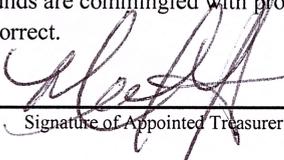


Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name			c. ID Number		
MIKEFORTE2016 CAMPAIGN			ZDF638		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
1271 WASHINGTON RD SOUTHPORT, NC 28461			12-1-15		
			e. Phone Number		
			973-931-0144		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
MICHAEL (MIKE) FORTE				REPUBLICAN <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
1271 WASHINGTON RD SOUTHPORT, NC 28461		COUNTY COMMISSIONER			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
		2016		DIST. 4	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
MICHAEL (MIKE) FORTE					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
SAME AS ABOVE					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
973-931-0144	MIKEFORTE2016@GMAIL				
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name				a. Financial Institution Full Name	
				NEWBRIDGE BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
		CAMPAIGN COMMITTEE			
c. Phone Number	d. Email Address	c. Account Code	d. Type		
			CHECKING		
<input type="checkbox"/> Email copy of notices					
CERTIFICATION					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.					
MICHAEL FORTE				12-9-15	
Printed Name of Signer		Signature of Appointed Treasurer		Date	

mailed 3500 12-11-15