

Statement of Organization - Candidate Committee

Amendment
 Yes 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	
RE-ELECT MIKE FORTE		ZDF638	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
829 SANDERS 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	
829 SANDERS RD SOUTHPORT, NC 28461		COUNTY COMMISSIONER	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
973-931-0144	thefortes@ATHC.NET	2020	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	thefortes@ATHC.NET		
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		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		CITIZENS FIRST 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
		2298	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 (MIKE) FORTE			
Printed Name of Signer		Signature of Appointed Treasurer	
		5-10-19	
		Date	