

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	
RE-ELECT MIKE FORTE			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
829 SANDERS RD SOUTHPORT, NC 28461		12/1/2015	
c. Committee Website (Optional)		f. Phone Number	
ELECTMIKEFORTE.COM		973-931-0144	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
MICHAEL (MIKE) FORTE		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
829 SANDERS RD SOUTHPORT, NC 28461		COUNTY COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-931-0144	THEFORTES829@GMAIL.COM	2024	DISTRICT 4
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
MIKE FORTE			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
829 SANDERS RD SOUTHPORT, NC 28461			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-931-0144	THEFORTES829@GMAIL.COM		
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 NATIONAL	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
RECEIVED		2298	
DEC 04 2023		c. Type	
BRUNSWICK COUNTY BOARD OF ELECTIONS		CHECKING	
<input type="checkbox"/> Email copy of report notices			
<p>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.</p>			
<p><u>MICHAEL "MIKE" FORTE</u> Printed Name of Treasurer</p>		<p><u>[Signature]</u> Signature of Appointed Treasurer</p>	
		<p><u>12/4/23</u> Date</p>	
<p>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.</p>			
<p><u>MICHAEL "MIKE" FORTE</u> Printed Name of Candidate</p>		<p><u>[Signature]</u> Signature of Candidate</p>	
		<p>_____ Date</p>	