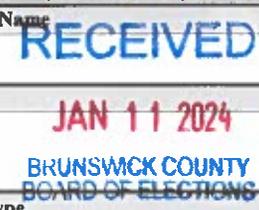
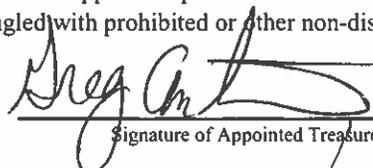
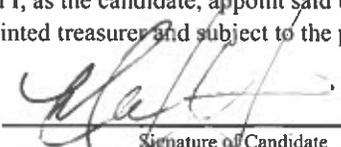


Statement of Organization - Candidate Committee

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	
www.electmikeforte.com		973-931-0144	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
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
973-931-0144	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	
Greg Alan Antrican			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
392 Bronze Dr Rocky Point NC 28457			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-431-2621			
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	
Greg Alan Antrican			
b. Mailing Address (include City, State, and Zip Code)			
392 Bronze Dr Rocky Point NC 28457			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910-431-2621	cfm4forte@gmail.com		
<input checked="" 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>			
Greg Alan Antrican _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	
		1/9/2024 _____ Date	
<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>			
Mike Forte _____ Printed Name of Candidate		 _____ Signature of Candidate	
		1/9/2024 _____ Date	