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

☑ Email copy of report notices

3. Treasurer Information

a. Full Name	
Greg Alan Antrican	
b. Mailing Address (include City, State, and Zip Code)	
5239 Meagan LN NE Winnabow NC 28479	
c. Phone Number	**d. Email Address**
910-431-2621	cfm4forte@gmail.com

Send report notices by email ☑ **Yes** ☐ **No**

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	**d. Email Address**

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5. Custodian of Books Information (Keeper of Records)

a. Full Name	
Greg Alan Antrican	
b. Mailing Address (include City, State, and Zip Code)	
5239 Meagan LN NE Winnabow NC 28479	
c. Phone Number	**d. Email Address**
910-431-2621	cfm4forte@gmail.com

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6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
First National Bank	
101 N Howe St Southport, NC 28461	
b. Account Code	**c. Type**
2298	checking

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.

Printed Name of Treasurer	Signature of Appointed Treasurer	Date
Greg Alan Antrican	Greg Antrican Digitally signed by Greg Antrican Date: 2025.10.22 13:37:33 -04'00'	10/22/2025

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.

Printed Name of Candidate	Signature of Candidate	Date
Mike Forte	Mike Forte Digitally signed by Mike Forte Date: 2025.10.22 13:41:31 -04'00'	10/22/2025