

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
Gary Woods for County Commissioner		9DF992	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1372 Ogelthorp Dr NW Calabash, NC 28467		12/9/2025	
c. Committee Website (Optional)		f. Phone Number	
		540-287-7699	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Gary Wayne Woods		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1372 Ogelthorp Dr NW Calabash, NC 28467		Su COUNTY COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
540-287-7699	gwoods78@aol.com	Su 2026	Su DISTRICT 1
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Gary Woods			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1372 Ogelthorp Dr NW Calabash, NC 28467			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
540-287-7699	gwoods78@aol.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	
		TRUIST Bank RECEIVED	
b. Mailing Address (include City, State, and Zip Code)		DEC 17 2025	
		BRUNSWICK COUNTY BOARD OF ELECTIONS	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		GWW	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>Gary Woods _____ Su Wood _____ 12-17-25 _____ Printed Name of Treasurer Signature of Appointed Treasurer 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>Gary Wayne Woods _____ Su W _____ 12-17-25 _____ Printed Name of Candidate Signature of Candidate Date</p>			