

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
ELECT KEVIN EDWARDS CLERK OF COURT FORSYTH COUNTY	39-4785001
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
POST OFFICE BOX 20153, WINSTON SALEM, NC 27120	10/09/2025
c. Committee Website (Optional)	f. Phone Number
	336-608-8788

2. Candidate Information

a. Full Name	e. Party Affiliation
KEVIN EDWARDS	DEMOCRAT
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
POST OFFICE BOX 20153 WINSTON SALEM, NC 27120	CLERK OF SUPERIOR COURT - FORSYTH COUNTY
c. Phone Number	g. Next Election Year
336-608-8788	2026
d. Email Address	h. Jurisdiction
electkevinedwardsclerk@gmail.com	COUNTY - FORSYTH
<input type="checkbox"/> Email copy of report notices	

3. Treasurer Information

a. Full Name
KEVIN EDWARDS
b. Mailing Address (include City, State, and Zip Code)
POST OFFICE BOX 20153 WINSTON SALEM, NC 27120
c. Phone Number
336-608-8788
d. Email Address
electkevinedwardsclerk@gmail.com

4. Assistant Treasurer Information

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

Send report notices by email ☒ Yes ☐ No

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

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

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name
b. Account Code
c. Type

☐ Email copy of report notices

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.

KEVIN EDWARDS

Printed Name of Treasurer

Signature of Appointed Treasurer

01/15/2025

Date

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