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
Sherwood for Catawba	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
216 Union Square NW, Apt C Hickory, NC 28601	12/27/2019
c. Committee Website (Optional)	**f. Phone Number**
	828-639-0490

2. Candidate Information

a. Full Name	e. Party Affiliation
Gabriel Scott Sherwood	Democratic
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
4887 County Home Rd, Apt D2 Conover, NC 28613	County Commissioner
c . Phone Number / **d. Email Address**	**g. Next Election Year** / **h. Jurisdiction**
828-639-0490 / gssherwood1@gmail.com	2020 / Catawba County
☐ Email copy of report notices	

3. Treasurer Information

a. Full Name
Gabriel Scott Sherwood
b. Mailing Address (include City, State, and Zip Code)
4887 County Home Rd, Apt D2 Conover, NC 28613
c. Phone Number / **d. Email Address**
828-639-0490 / gssherwood1@gmail.com
Send report notices by email ☒ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name
N/A
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number / **d. Email Address**
FEB 07 2020
☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Rec

a. Full Name
N/A
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number / **d. Email Address**
☐ Email copy of report notices

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

a. Financial Institution Full Name	
First Citizens Bank	
b. Account Code	**c. Type**
GSS	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.

Gabriel Sherwood — Printed Name of Treasurer
[signature] — Signature of Appointed Treasurer
2-7-20 — 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.

Gabriel Sherwood — Printed Name of Candidate
[signature] — Signature of Candidate
2-7-2020 — Date