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 / **d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
336-608-8788 / electkevinedwardsclerk@gmail.com	2026	County - Forsyth
☑ Email copy of report notices		

3. Treasurer Information

a. Full Name	
JOHN RITTER	
b. Mailing Address (include City, State, and Zip Code)	
POST OFFICE BOX 20153 WINSTON SALEM, NC 27120	
c. Phone Number / **d. Email Address**	
301-461-6249 / ritjhn@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**	
/	
☐ Email copy of report notices	

Amended

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**	
/	
☐ Email copy of report notices	

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

a. Financial Institution Full Name	
FIRST CITIZENS BANK	
b. Account Code	**c. Type**
0001	CHECKING

RECEIVED 2025 NOV 26 AM 9:56

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.

JOHN RITTER	[signature]	11/25/25
Printed Name of Treasurer	Signature of Appointed Treasurer	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.

KEVIN EDWARDS	[signature]	11/26/2025
Printed Name of Candidate	Signature of Candidate	Date