

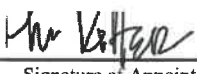
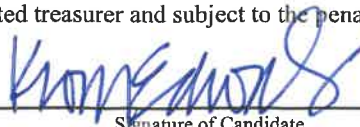
Statement of Organization - Candidate Committee

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		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
JOHN RITTER			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
POST OFFICE BOX 20153 WINSTON SALEM, NC 27120			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
301-461-6249	ritjhn@gmail.com		
Send report notices by email ☒ Yes ☐ No		☐ 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	
		FIRST CITIZENS BANK	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		0001	CHECKING
☐ 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. JOHN RITTER Printed Name of Treasurer  Signature of Appointed Treasurer 11/25/25 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 Printed Name of Candidate  Signature of Candidate 11/26/2025 Date			