

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	
Committee to Elect Ella Jane Marston			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
89 Wilson Street Bolivia, NC 28422		7/16/2021	
c. Committee Website (Optional)		f. Phone Number	
		910-253-5042	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Ella Jane Marston		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
89 Wilson Street Bolivia, NC 28422		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-253-5042	seahawkpal@atmc.net	2021	Boliva
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Ella Jane Marston			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
89 Wilson Street Bolivia, NC 28422			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-253-5042	seahawkpal@atmc.net		
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	
		Self Funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
			Self Funded
<input type="checkbox"/> 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.

<u>Ella Jane Marston</u> Printed Name of Treasurer	<u>Ella Jane Marston</u> Signature of Appointed Treasurer	<u>7/16/21</u> Date
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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.

<u>Ella Jane Marston</u> Printed Name of Candidate	<u>Ella Jane Marston</u> Signature of Candidate	<u>7/16/21</u> Date
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