

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	
Ella Jane Marston for Mayor		RDF2F4	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
89 Wilson Street Bolivia, NC 28422		7/18/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-471-2024	
2. Candidate Information			
a. Full Name		e. 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
910-471-2024	seahawkpal@atmc.net	2023	Bolivia
<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
910-471-2024	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)			
		RECEIVED JUL 18 2023	
c. Phone Number	d. Email Address	b. Account Code	c. Type
			BRUNSWICK COUNTY BOARD OF ELECTIONS
<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.

Ella Jane Marston Ella Jane Marston 7/18/23
 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.

Ella Jane Marston Ella Jane Marston 7/18/23
 Printed Name of Candidate Signature of Candidate Date