

# Statement of Organization – Candidate Committee

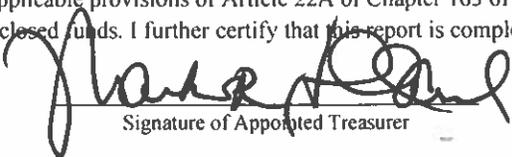
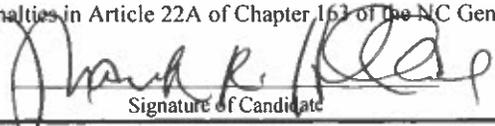
Is this statement:

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 MARK HOLLAND			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO BOX 6128 OCEAN ISLE BEACH, NC 28469		07/10/2023	
c. Committee Website (Optional)		f. Phone Number	
		704-458-8367	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
MARK RAEFORD HOLLAND		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO BOX 6128 OCEAN ISLE BEACH, NC 28469		COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-458-8367	MARK@MHCINS.COM	2023	TOWN OF OCEAN ISLE
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
MARK RAEFORD HOLLAND			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO BOX 6128 OCEAN ISLE BEACH NC 28469			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-458-8367	mark@mhcins.com		
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	
		FIRST CITIZENS BANK	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1782	CHECKING
<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>Mark F. Holland</u> Printed Name of Treasurer		 Signature of Appointed Treasurer	
		<u>7/18/2023</u> 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.			
<u>MARK RAEFORD HOLLAND</u> Printed Name of Candidate		 Signature of Candidate	
		<u>7/18/2023</u> Date	

RECEIVED

JUL 19 2023

BRUNSWICK COUNTY BOARD OF ELECTIONS