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: Committee for John Pascoe Board of H260	d. ID Number:
b. Mailing Address (include City, State and Zip Code): 3102 Redfield Dr. Leland, NC 28451	e. Date Organized: 6.1.25
c. Committee Website (Optional):	f. Phone Number: 301-252-7778

2. Candidate Information

a. Full Name: John Windsor Pascoe	e. Party Affiliation: ~~Republican~~ Non-Partisan
b. Mailing Address (include City, State, and Zip Code): 3102 Redfield Dr. Leland, NC 28451	f. Office Sought: H260 Commissioner
c. Phone Number: 301-252-7778 / d. Email Address: JohnPascoe@Comcast.net	g. Next Election Year: 2025 / h. Jurisdiction: H260
☐ Email copy of report notices	

3. Treasurer Information

a. Full Name: John Windsor Pascoe	
b. Mailing Address (include City, State, and Zip Code): 3102 Redfield Dr. Leland, NC 28451	
c. Phone Number: 301 252-7778	d. Email Address: JohnPascoe@Comcast.net
Send report notices by email ☑ Yes ☐ No	

4. Assistant Treasurer Information

a. Full Name: Diana Lynn Pascoe	
b. Mailing Address (include City, State and Zip Code): 3102 Redfield Dr. Leland, NC 28451	
c. Phone Number: 301-467-5870	d. Email Address: DianaPascoe@Comcast.net
☑ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

a. Full Name: NONE	
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:	
b. Account Code:	c. Type:

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JUN 04 2025
BRUNSWICK COUNTY BOARD OF ELECTIONS

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 Pascoe	[signature]	6/3/25
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.

John Pascoe	[signature]	6/3/25
Printed Name of Candidate	Signature of Candidate	Date