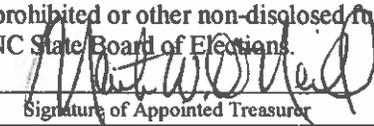


Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

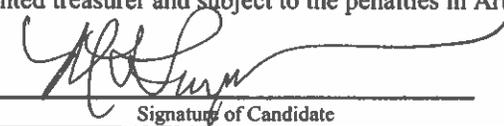
1. Committee Information			
a. Full Name		c. ID Number	
Maria Surprise for Holden Beach Commissioner		JDF22Y	
b. Mailing Address (Include City, State and Zip Code)		d. Date Filed	
P.O. Box 2534 Shallotte, NC 28459		08/08/2023	
		e. Phone Number	
		513-702-9247	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/18/2023	08/08/2023	Martin W. O'Neill
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Truist			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
For all campaign expenses	23		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 500		\$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M 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 and that I have been trained by the NC State Board of Elections.			
Martin W. O'Neill			08/08/2023
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received: RECEIVED	Employee: <u>ON</u>	Delivery Method	
Date Postmarked: AUG 08 2023	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: BRUNSWICK COUNTY BOARD OF ELECTIONS	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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	
Maria Surprise for Holden Beach Commissioner		JDF22Y	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
P.O. Box 2534, Shallotte, NC 28459		07/18/2023	
c. Committee Website (Optional)		f. Phone Number	
		513-702-9247	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Maria L. Surprise		Non Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
159 Ocean Blvd. E, Holden Beach, NC 28462		Holden Beach Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-842-5309	mlsurprise@atmc.net	2023	Holden Beach, NC
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Martin W. O'Neill			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
P.O. Box 2534, Shallotte, NC 28459			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
513-702-9247	moneill7075@gmail.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	
Martin W. O'Neill		Truist Bank, 3226 Holden Beach Rd., Supply, NC	
b. Mailing Address (include City, State, and Zip Code)			
P.O. Box 2534, Shallotte, NC 28459			
c. Phone Number	d. Email Address	b. Account Code	c. Type
513-702-9247	moneill7075@gmail.com	23	Checking Account
<input checked="" type="checkbox"/> Email copy of report notices			
<p>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.</p>			
Martin W. O'Neill _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	
		8/8/23 _____ Date	
<p>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.</p>			
Maria L. Surprise _____ Printed Name of Candidate		 _____ Signature of Candidate	
		8/8/23 _____ Date	