

# 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.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
ELLIE COLLINS FOR SCHOOL BOARD			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
335 DRIFTWOOD CIR, UNIT B, SOUTHERN PINES NC 28387			
c. Committee Website (Optional)		f. Phone Number	
		910 692-8289	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
ELLIE COLLINS		NON-PARTISAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
335 DRIFTWOOD CIR, UNIT B SOUTHERN PINES NC 28387		MOORE COUNTY SCHOOL BOARD	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910 692-8289	efc211@gmail.com	2024	MOORE COUNTY
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
ELLIE COLLINS			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
335 DRIFTWOOD CIR. UNIT B SOUTHERN PINES NC 28387			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910 692-8289	efc211@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
ELLIE COLLINS		FIRST NATIONAL BANK	
b. Mailing Address (include City, State, and Zip Code)			
335 DRIFTWOOD CIR UNIT B SOUTHERN PINES NC 28387			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910 692-8289	efc211@gmail.com	C	CHECKING
<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> <p> <u>ELLIE COLLINS</u> <span style="color: red;">DEC 21 2023</span> <u>Ellie Collins</u> <u>12/21/23</u>  Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <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> <p> <u>ELLIE COLLINS</u> <u>Ellie Collins</u> <u>12/21/23</u>  Printed Name of Candidate Signature of Candidate Date </p>			