

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
ELIE 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
2. Candidate Information	
a. Full Name	e. Party Affiliation
ELIE 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
910 692-8289	efc211@gmail.com
<input checked="" type="checkbox"/> Email copy of report notices	
3. Treasurer Information	
a. Full Name	b. Mailing Address (include City, State and Zip Code)
ELIE COLLINS	335 DRIFTWOOD CIR. UNIT B SOUTHERN PINES NC 28387
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	
4. Assistant Treasurer Information	
a. Full Name	b. Mailing Address (include City, State and Zip Code)
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)
ELIE COLLINS	335 DRIFTWOOD CIR UNIT B SOUTHERN PINES, NC 28387
c. Phone Number	d. Email Address
910 692-8289	efc211@gmail.com
<input checked="" type="checkbox"/> Email copy of report notices	
6. Account Information (incl. CRO-3500)	
a. Financial Institution Full Name	b. Account Code
FIRST NATIONAL BANK	C
c. Type	
	CHECKING
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.	
ELIE COLLINS	Signature of Appointed Treasurer
Printed Name of Treasurer	Signature of Appointed Treasurer
Printed Name of Candidate	Signature of Candidate
RECEIVED	
DEC 21 2023	
MOORE BOE	
12/21/23	
Date	
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.	
ELIE COLLINS	
Signature of Candidate	
12/21/23	
Date	