

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
Marla Thompson for Mayor of Long View	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
2622 3rd Ave NW Hickory, NC 28601	7/7/2025
c. Committee Website (Optional)	f. Phone Number
	828-302-5226

2. Candidate Information

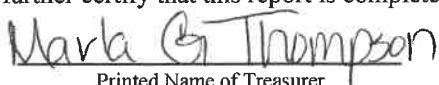
a. Full Name	e. Party Affiliation		
Marla Grimes Thompson	Non-Partisan		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
2622 3rd Ave NW Hickory, NC 28601	Mayor		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-302-5226	thewoodshak@gmail.com	2025	Long View
<input type="checkbox"/> Email copy of report notices			

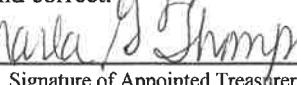
3. Treasurer Information

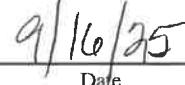
a. Full Name	b. Mailing Address (include City, State, and Zip Code)		
Marla Grimes Thompson	N/A		
b. Mailing Address (include City, State, and Zip Code)	d. Email Address		
2622 3rd Ave NW Hickory, NC 28601			
c. Phone Number	d. Email Address	e. Phone Number	f. Email Address
828-302-5226	thewoodshak@gmail.com		
Send report notices by email		Yes	No
<input checked="" 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		
N/A	First Horizon		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
	Campaign Account		
c. Phone Number	d. Email Address	b. Account Code	c. Type
		4162	Checking
<input type="checkbox"/> Email copy of report notices			

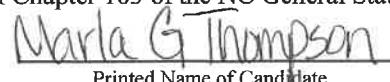
I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.


Printed Name of Treasurer

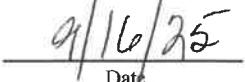

Signature of Appointed Treasurer


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.


Printed Name of Candidate


Signature of Candidate


Date