

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	
Friends of Ashley Starnes			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
8519 E Franklin St. Mt. Pleasant, NC 28124		7/14/2025	
c. Committee Website (Optional)		f. Phone Number	
		704-793-3339	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Ashley Starnes		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
8519 E Franklin St. Mt. Pleasant, NC 28124		Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-793-3339	ashleystarnesmp@gmail.com	2025	Town of Mt. Pleasant
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Ashley Starnes		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
8519 E Franklin St. Mt. Pleasant, NC 28124			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-793-3339	ashleystarnesmp@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	
N/A		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		RECEIVED IN-PERSON	
c. Phone Number	d. Email Address	b. Account Code	c. Type
			JUL 14 2025
<input type="checkbox"/> Email copy of report notices		CABARRUS COUNTY BOARD OF ELECTIONS	
<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>Ashley Starnes</u> Printed Name of Treasurer <u>Ashley Starnes</u> Signature of Appointed Treasurer <u>7/14/25</u> 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>Ashley Starnes</u> Printed Name of Candidate <u>Ashley Starnes</u> Signature of Candidate <u>7/14/25</u> Date</p>			