

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.

Amended

1. Committee Information

a. Name of Committee	d. ID Number		
Campaign for Marise West	7C99V9		
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
331 Carolina Circle, Winston Salem, NC 27104	12/8/23		
c. Committee Website (Optional)	f. Phone Number		
West4Forsyth.com	336-970-8151		

2. Candidate Information

a. Full Name	e. Party Affiliation		
Marise Karis West	Democrat		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
331 Carolina Circle, Winston Salem, NC 27104	County Commissioner, District B		
c. Phone Number	g. Next Election Year		
336-970-8151	2026		
<input checked="" type="checkbox"/> Email copy of report notices	h. Jurisdiction		
West4Forsyth@gmail.com			
Forsyth County			

3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information		
Patricia Jane Gillenwater	a. Full Name		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
4040 Ivy Bluff Trail Winston Salem, NC 27106	2026 JAN - 1 PM 4:45		
c. Phone Number	c. Phone Number		
919-622-5141	d. Email Address		
patticelinvvar.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)

a. Full Name	6. Account Information (incl. CRO-3500)		
Patricia Jane Gillenwater	a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)	Truist		
4040 Ivy Bluff Trail Winston Salem, NC 27106	110 S. Stratford Rd. Winston - Salem, NC 27107		
c. Phone Number	b. Account Code		
919-622-5141	c. Type		
<input type="checkbox"/> Email copy of report notices	1 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.

Patricia Jane Gillenwater

Printed Name of Treasurer

pgillenwater

Signature of Appointed Treasurer

1/7/26

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.

Marise West

Printed Name of Candidate

M. West

Signature of Candidate

1/7/26

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

Amended

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name:

Marsie West

Committee Name:

Campaign for Marsie West

Treasurer Name:

Patricia Gillenwater

If Candidate is own treasurer, designate an agent to carry out designations:

Committee ID #:

7C Q Q V9

Level Registered:

[State] [County] If county, specify: Forsyth

2026 JAN - 7 PM 4
RECEIVED
FEDERAL ELECTION COMMISSION
RECEIVED

I, Marsie West, hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity
(Select from §163-278.16B(a))

Plan for Disbursement (eg. Amount or %)

1. Habitat for Humanity
2. Second Harvest Food Bank
3. _____

50%

50%

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

M. West

Date:

1/7/26