

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

Campaign for Marvie West

d. ID Number

7CQQV9

b. Mailing Address (include City, State and Zip Code)

331 Carolina Circle, Winston Salem, NC 27104

e. Date Organized

12/8/23

c. Committee Website (Optional)

West4Forsyth.com

f. Phone Number

336-970-8151

2. Candidate Information

a. Full Name

Marvie Karis West

e. Party Affiliation

Democrat

b. Mailing Address (include City, State, and Zip Code)

331 Carolina Circle, Winston Salem, NC 27104

f. Office Sought

County Commissioner, District B

c. Phone Number

336-970-8151

d. Email Address

West4Forsyth@gmail.com

g. Next Election Year

2026

h. Jurisdiction

Forsyth County

☒ Email copy of report notices

3. Treasurer Information

a. Full Name

Patricia Jane Gillenwater

4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

4040 Ivy Bluff Trail
Winston Salem, NC 27106

b. Mailing Address (include City, State and Zip Code)

c. Phone Number

919-622-5441

d. Email Address

pattie@linvar.com

c. Phone Number

d. Email Address

Send report notices by email

☒ Yes ☐ No

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name

Patricia Jane Gillenwater

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

Trust

b. Mailing Address (include City, State, and Zip Code)

4040 Ivy Bluff Trail
Winston Salem, NC 27106

110 S. Stratford Rd.
Winston-Salem, NC 27104

c. Phone Number

919-622-5441

d. Email Address

pattie@linvar.com

b. Account Code

1

c. Type

Checking

☐ 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.

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.

Marvie West

Printed Name of Candidate

Marvie West

Signature of Candidate

1/7/26

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Amended

Candidate Designation of Committee Funds

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 #: 7CQPV9

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

I, Marsie West, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
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. <u>Habitat for Humanity</u>	<u>50%</u>
2. <u>Second Harvest Food Bank</u>	<u>50%</u>
3. _____	_____

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: [Signature]

Date: 1/7/26