

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> 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.

Candidate Name		Committee ID
Greg Ziglar for County Commissioner		ROC-000-M112
Candidate Address (City, State, and Zip Code)		County
505 North 4th Avenue Mayodan NC 27037		Rockingham
Candidate Website (Optional)		

RECEIVED

Candidate Information		Party Affiliation	
Candidate Name		Republican	
Candidate Address (City, State, and Zip Code)		Office Sought	
505 North 4th Avenue Mayodan NC 27037		County Commissioner - Rockingham County	
Phone Number	Email Address	New Election Year	Jurisdiction
336-379-4969	ziglorgregory@gmail.com	2024	Western
<input checked="" type="checkbox"/> Email copy of report notices			

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Candidate Information		Account Information	
Candidate Name		Bank Name	
Emily Faith Ziglar		Benny James Marcus	
Candidate Address (City, State, and Zip Code)		Banking Address (City, State, and Zip Code)	
208 N. 4th ave. Mayodan NC 27027		303 N. 11th Ave Mayodan, NC - 27027	
Phone Number	Email Address	Phone Number	Email Address
336-423-6160	emily.ziglar55@gmail.com	336-623-3131	bennymarcus@yahoo.com
<input checked="" type="checkbox"/> Email copy of report notices			

Candidate Information		Account Information	
Candidate Name		Bank Name	
Emily Faith Ziglar		First National Bank of PA	
Candidate Address (City, State, and Zip Code)		Banking Address (City, State, and Zip Code)	
208 N. 4th Ave. Mayodan NC 27027		801 S. VAN Buren Rd. Eden NC 27288	
Phone Number	Email Address	Account Code	Type
336-423-6160	emily.ziglar55@gmail.com		Checking
<input checked="" 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.

Emily Faith Ziglar Emily Faith Ziglar 10/8/2023
 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.

Greg Ziglar Greg Ziglar 10-12-2023
 Printed Name of Candidate Signature of Candidate Date

OCT 23 2023
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