Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accommanied by forms CRO-3100 and CRO-3500 (when

Amendment	/
☐ Yes	No

	ccompanied by forms CRO-3100 and CR	O-3500 (when amer	iding, only r	e-submit if applicable).	
1. Committee Infor	mation				
a. Full Name			c. ID Number		
ELECT TROY WAYNE BARNHART b. Mailing Address (include City, State and Zip Code)			2000		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
8501 FRANKLIN ST E.			7/17/17		
MOUNT PleasaNT, NC 28124			e. Phone Number		
			Madl		
				704-491-7064	
2. Candidate Infor	mation		Candidate'	s Primary Committee	
a. Full Name		e. Candidate ID Numbe	er	f. Party Affiliation	
TROY WAY	YNE BARNHARDT			(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code) g. Office Sought					
8501 FRANK	Description of the state of the				
	75 . 6	•			
c. Phone Number	d. Email Address	TOWN CO.	MM·SS	risdiction	
		h. Next Election Year	1. J	irisdiction	
704-791-7064 ThanhardT 05 @ gma: 1. com 2017					
Email copy of notices					
3. Treasurer Infor	mation	4. Custodian of Bo	ation		
a. Full Name		a. Full Name	a. Full Name		
TROY WA	ude City, State, and Zip Code)	N/A	FIVED		
b. Mailing Address (inc	fude City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)			
8501 FRAN	JUL 1 8 2017				
MOUNT Pleas	WT, NC 28124	RRUS COUNTY			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Add	OF ELECTIONS	
704-791-7064	Threnhard Tose gmail.com				
I prefer to receive	notices by email 🛛 Yes 🔲 No	☐ Email copy of notices			
5. Assistant Treasu	6. Account Information (incl. CRO-3500)				
a. Full Name	Remove	a. Financial Institution	a. Financial Institution Full Name		
N/A		Uwhare: e BANK			
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Purpose			
		CAMPAigN	TRAN	SACTIONS	
c. Phone Number	d. Email Address	c. Account Code	d. Type		
			u, 1) pe		
	f	1	chec	King	
Email copy of notices CERTIFICATION					
100-444-01030-0100-01030-01000-01000-0100-0100-0100-0100-01000-0100-0100-0100-0100-0100-0100-0100-0100-0100-0100-0100-0100-010					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.					
r turner certify that this report is complete, true and correct.					
TROY WAYNE BARNHARDT Juny Wayne But T/17/17 Printed Name of Signer Signature of Appointed Treasurer Date					