

Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name ELECT Troy Wayne Barnhardt		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 8501 Franklin St Mount Pleasant, NC 28124		d. Date Organized 7-19-19	e. Phone Number 704-791-7064
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Troy Wayne Barnhardt		e. Candidate ID Number	f. Party Affiliation NON-PARTISAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 8501 Franklin St Mount Pleasant, NC 28124		g. Office Sought Commissioner Town of Mount Pleasant	
c. Phone Number	d. Email Address	h. Next Election Year 2019	i. Jurisdiction Mount Pleasant
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Troy Wayne Barnhardt		a. Full Name Troy Wayne Barnhardt	
b. Mailing Address (include City, State, and Zip Code) 8501 Franklin St Mount Pleasant, NC 28124		b. Mailing Address (include City, State, and Zip Code) 8501 Franklin St Mount Pleasant, NC 28124	
c. Phone Number 704-791-7064	d. Email Address TBARNHARDT@WINDSTREAM.NET	c. Phone Number 704-791-7064	d. Email Address TBARNHARDT@WINDSTREAM.NET
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name None		a. Financial Institution Full Name Wharrie Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Campaign Finance	
c. Phone Number	d. Email Address	c. Account Code ARB1	d. Type Checking
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
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.			
Troy Wayne Barnhardt <small>Printed Name of Signer</small>		Troy Wayne Barnhardt <small>Signature of Appointed Treasurer</small>	7-19-19 <small>Date</small>