

7/25/21

Statement of Organization - Candidate Committee

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

1. Committee Information			
a. Name of Committee COMMITTEE TO ELECT RYAN CULP BARRINGER		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 1865 RHINELAND COURT MT. PLEASANT NC 28121		e. Date Organized 7/25/21	
c. Committee Website (Optional)		f. Phone Number 7044906891	
2. Candidate Information			
a. Full Name RYAN CULP BARRINGER		e. Party Affiliation DEM	
b. Mailing Address (include City, State, and Zip Code) 1865 RHINELAND COURT MT. PLEASANT, NC 28121		f. Office Sought TOWN COMMISSIONER MT. PLEASANT	
c. Phone Number 7044906891	d. Email Address GUITARWITHRYAN@GMAIL.COM	g. Next Election Year 2021	h. Jurisdiction MT. PLEASANT
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name RYAN CULP BARRINGER		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 1865 RHINELAND COURT MT. PLEASANT NC 28121		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 7044906891	d. Email Address GUITARWITHRYAN@GMAIL.COM	c. Phone Number	d. Email Address
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)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
<input 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.			
RYAN CULP BARRINGER Printed Name of Treasurer		[Signature] Signature of Appointed Treasurer	8.4.21 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.			
RYAN CULP BARRINGER Printed Name of Candidate		[Signature] Signature of Candidate	8.4.21 Date

RECEIVED
AUG 05 REC'D
CABARRUS COUNTY
BOARD OF ELECTIONS