

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 <i>W. Lamar Barrier</i>				c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>79 Brookwood Ave NW Concord NC 28025</i>				d. Date Organized <i>7-16-17</i>	
				e. Phone Number	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name <i>William Lamar Barrier</i>		e. Candidate ID Number		f. Party Affiliation <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code) <i>79 Brookwood Ave NW Concord NC 28025</i>		g. Office Sought			
c. Phone Number <i>9805214659</i>	d. Email Address <i>WilliamBarrier45@gmail.com</i>	h. Next Election Year <i>2019</i>		i. Jurisdiction	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name <i>W. Lamar Barrier</i>			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) <i>79 Brookwood Ave Concord NC 28025</i>			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number <i>980521-4659</i>	d. Email Address	c. Phone Number	d. Email Address		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name <i>Nova Credit Union</i>		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
c. Phone Number	d. Email Address	c. Account Code <i>1948</i>	d. Type		
<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.					
<i>W Lamar Barrier</i> Printed Name of Signer		<i>W Lamar Barrier</i> Signature of Appointed Treasurer		<i>7-17-17</i> Date	