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: Committee to Elect Mike Barber

c. ID Number:

b. Mailing Address (include City, State and Zip Code): 5016 Misty Ridge Road, Maiden, NC 28650

d. Date Organized: 17 Feb '14

e. Phone Number: 704-425-7822

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name: Michael Steven Barber, Jr.

e. Candidate ID Number:

f. Party Affiliation: (Indicate Non-partican if applicable)

b. Mailing Address (include City, State, and Zip Code): 5016 Misty Ridge Rd, Maiden, NC 28650

g. Office Sought: County Commissioner

c. Phone Number: 704 425-7822

d. Email Address: BARBER406@yahoo.com

h. Next Election Year: 2014

i. Jurisdiction:

☒ Email copy of notices

3. Treasurer Information

a. Full Name: David Rozier Allman

b. Mailing Address (include City, State, and Zip Code): 2324 Capes Cove Dr., Sherrills Ford, NC 28673

c. Phone Number: 8288350121

d. Email Address: dallman03032@GMAIL.com

I prefer to receive notices by email ☒ Yes ☐ No

4. Custodian of Books Information

a. Full Name: Same as treasurer

b. Mailing Address (include City, State, and Zip Code):

c. Phone Number:

d. Email Address:

☐ Email copy of notices

5. Assistant Treasurer Information ☐ Add ☐ Remove

a. Full Name: N/A

b. Mailing Address (include City, State, and Zip Code):

c. Phone Number:

d. Email Address:

☐ Email copy of notices

6. Account Information *(incl. CRO-3500)* ☑ Add ☐ Remove

a. Financial Institution Full Name: First Citizens Bank

b. Purpose: Financial Account established by Committee

c. Account Code: MSB

d. Type: Checking

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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.

David Allman — Printed Name of Signer

Signature of Appointed Treasurer

17 Feb 2014 — Date

North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

RECEIVED
FEB 17 2014
By

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Michael S. "Mike" Barber

Treasurer Name: David Allman

Treasurer Address: 2324 Capes Cove Drive
(include city, state, & zip) Sherrills Ford, NC 28673

Treasurer Phone: 828-835-0121 (c) 828-478-2665 (H)

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2/17/2014
Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

North Carolina
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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Michael S. "Mike" Barber

Committee Name: Committee to Elect Mike Barber

Treasurer Name: David Allman

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: _____

I, Mike Barber (Name of Candidate) hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity *(Select from §163-278.16B(a))*	Plan for Disbursement (eg. Amount or %)
1. Jessica A. Barber	100%
2.	
3.	

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: [signature]

Date: 2/17/2014

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.