



Statement of Organization - Candidate Committee

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.

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name	c. ID Number
KITTY BARNES for COMMISSIONER	3DU18X
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
P.O. Box 598 TERRELL, NC 28682	2-22-10
	e. Phone Number
	828-478-2240

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
KATHERINE "KITTY" W. BARNES		REPUBLICAN
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
P.O. Box 598 TERRELL, NC 28682	COUNTY COMMISSIONER	CATAWBA COUNTY
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

3. Treasurer Information

a. Full Name	a. Full Name		
KATHERINE W. BARNES	KATHERINE W. BARNES		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
P.O. Box 598 TERRELL, NC 28682	P.O. Box 598 TERRELL, NC 28682		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-478-2240	KITTYBARNES@CHARTER.NET	828-478-2240	KITTYBARNES@CHARTER.NET

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name	a. Financial Institution Full Name		
NONE	BB+T		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
	CAMPAIGN ACCOUNT		
c. Phone Number	d. Email Address	c. Account Code	d. Type
		4	CHECKING

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

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.

KATHERINE W. BARNES

Printed Name of Signer

Katherine W. Barnes

Signature of Appointed Treasurer

Feb 26, 2010

Date



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

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

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: KATHERINE "KITTY" W. BARNES
Treasurer Name: KATHERINE W. BARNES
Treasurer Address: P.O. Box 598
(include city, state, & zip) TERRELL, NC 28682

Treasurer Phone: 828-478-2240

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).

Feb. 26, 2010
Date Signed

Katherine W. Barnes
Signature of Candidate

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



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Raleigh, NC 27603

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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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: KATHERINE "KITTY" W. BARNES

Committee Name: KITTY BARNES FOR COMMISSIONER

Treasurer Name: KATHERINE W. BARNES

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

Committee ID #: _____

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

I, Katherine W. Barnes hereby direct that in the event of my death or incapacity all
(Name of Candidate)
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. <u>Kids in Need Fund</u>	<u>100 %</u>
2. <u>Catawba County Public Health</u>	_____
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: Katherine W. Barnes

Date: Feb. 26, 2010

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