

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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Committee Information			
a. Full Name		c. ID Number	
Chuck Barnard			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
514 Red Fox Ct. Havelock, NC 28532		AND 7/14/09 7/14/09	
		e. Phone Number	
		252-447-7946	
Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Chuck Barnard	SCDW46	Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
514 Red Fox Ct. Havelock, NC 28532	Mayor of Havelock	Have	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
Treasurer Information		Custodian of Funds Information	
a. Full Name	b. Mailing Address (include City, State, and Zip Code)	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Chuck Barnard	514 Red Fox Ct. Havelock, NC 28532	Chuck Barnard	514 Red Fox Ct. Havelock, NC 28532
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-447-7946	sexysr@embargmail.com	252-447-7946	sexysr@embargmail.com
Banking Information		Account Information	
a. Full Name	b. Purpose	a. Financial Institution Full Name	b. Purpose
n/a		Navy Federal CU	Personal Account
c. Phone Number	d. Email Address	c. Account Code	d. Type
n/a	n/a	1	Checking
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.			
Charles E. Barnard		Charles E. Barnard	
Printed Name of Signer		Signature of Appointed Treasurer	
		7/14/09	
		Date	