

# Statement of Organization - Candidate Committee

Is this statement:

☐ New ☐ 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.

<b>1. Committee Information</b>			
a. Name of Committee <i>Committee To Elect Bill Barber</i>		d. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>3467 US HWY 601 #114 CONCORD NC 28025</i>		e. Date Organized <i>12-15-25</i>	
c. Committee Website (Optional)		f. Phone Number <i>980-236-9285</i>	
<b>2. Candidate Information</b>			
a. Full Name <i>William L Barber</i>		e. Party Affiliation <i>REPUBLICAN</i>	
b. Mailing Address (include City, State, and Zip Code) <i>3467 US HWY 601 #114 CONCORD NC 28025</i>		f. Office Sought <i>Board of Education</i>	
c. Phone Number <i>980-236-9285</i>	d. Email Address <i>Elect Bill Barber@gmail.com</i>	g. Next Election Year <i>2026</i>	h. Jurisdiction <i>Cabarrus County</i>
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name <i>William L. Barber</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>3467 US HWY 601 #114 CONCORD NC 28025</i>		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number <i>980-236-9285</i>	d. Email Address <i>elect Bill Barber@gmail.com</i>	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name <i>F</i>		a. Financial Institution Full Name <i>F and M Bank</i>	
b. Mailing Address (include City, State, and Zip Code) <i>RECEIVED DEC 22 2025 CABARRUS COUNTY BOARD OF ELECTIONS</i>			
c. Phone Number	d. Email Address	b. Account Code <i>ck</i>	c. Type <i>CHECKING</i>
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p><i>William L Barber</i> Printed Name of Treasurer <i>[Signature]</i> Signature of Appointed Treasurer <i>12-22-25</i> Date</p> <p>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.</p> <p><i>William L Barber</i> Printed Name of Candidate <i>[Signature]</i> Signature of Candidate <i>12-22-25</i> Date</p>			