

# 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.

## 1. Committee Information

a. Name of Committee	d. ID Number
Barbara R Kornegay	QK1IMF
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
118 Whitley St, Mount Olive, NC 28365	12/6/21
c. Committee Website (Optional)	f. Phone Number
	919-738-0962

## 2. Candidate Information

a. Full Name	e. Party Affiliation
Barbara R Kornegay	Democrat
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
118 Whitley St, Mount Olive, NC 28365	Commissioner - Dist 3 Mount Olive
c. Phone Number	d. Email Address
919-738-0962	bkornegay@nc.rr.com
<input type="checkbox"/> Email copy of report notices	

## 3. Treasurer Information

a. Full Name	e. Party Affiliation		
Barbara R Kornegay	Democrat		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
118 Whitley St, Mount Olive, NC 28365	Commissioner - Dist 3 Mount Olive		
c. Phone Number	d. Email Address	e. Next Election Year	h. Jurisdiction
919-738-0962	bkornegay@nc.rr.com	2022	Town of Mount Olive
<input type="checkbox"/> Send report notices by email		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Email copy of report notices
5. Custodian of Books Information (Keeper of Records)			
a. Full Name	6. Account Information (incl. CRO-3500)		
Barbara R Kornegay	a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)	Wells Fargo, Mount Olive, NC		
118 Whitley St, Mount Olive, NC 28365	b. Account Code		
c. Phone Number	d. Email Address	e. Type	
919-738-0962	bkornegay@nc.rr.com	2865	Checking
<input type="checkbox"/> Email copy of report notices			

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.

Barbara R Kornegay

Printed Name of Treasurer

Bm

Signature of Appointed Treasurer

12/6/2021

Date

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.

Barbara R Kornegay

Printed Name of Candidate

Bm

Signature of Candidate

12/6/2021 08 2021

Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

**This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.**

**This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.**

**FILED BY:**

Committee Name:

Barbara R Kornegay

Treasurer Name:

Barbara R Kornegay

Treasurer Address:

118 Whitley St, Mount Olive

(include city, state, & zip)

NC 28365

Treasurer Phone:

919-738-0962

**Check One:**

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

**THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

1/6/2021

Date Signed

A handwritten signature in black ink, appearing to read "Barbara R Kornegay".

Signature



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### 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).

**This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.**

Candidate Name: Barbara R Kornegeay

Committee Name: Barbara R Kornegeay

Treasurer Name: Barbara R Kornegeay

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

Committee ID #: QK1IMF

Level Registered: [State] [County] If county, specify: Wayne County, NC

I, Barbara R Kornegeay 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. University of Mount Olive 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: B. R. K.

Date: 12/16/2021

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a. Name of Committee	d. ID Number
Barbara R Kornegay	QK1IMF
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
118 Whitley St, Mount Olive, NC 28365	12/6/21
c. Committee Website (Optional)	f. Phone Number
	919-738-0962

## 2. Candidate Information

a. Full Name	e. Party Affiliation
Barbara R Kornegay	Democrat
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
118 Whitley St, Mount Olive, NC 28365	Commission - Dist 3 Mount Olive
c. Phone Number	d. Email Address
919-738-0962	bkornegay@nc.rr.com
<input checked="" type="checkbox"/> Email copy of report notices	

## 3. Treasurer Information

a. Full Name	
Barbara R Kornegay	
b. Mailing Address (include City, State, and Zip Code)	
118 Whitley St Mt Olive, NC 28365	
c. Phone Number	d. Email Address
919-738-0962	bkornegay@nc.rr.com
<input checked="" type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## 4. Assistant Treasurer Information

a. Full Name	
Barbara T Kornegay	
b. Mailing Address (include City, State and Zip Code)	
118 Whitley St, Mt Olive	
c. Phone Number	d. Email Address
919-738-0962	bkornegay@nc.rr.com
<input checked="" type="checkbox"/> Email copy of report notices	

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name	
Barbara R Kornegay	
b. Mailing Address (include City, State, and Zip Code)	
118 Whitley St, Mt Olive, NC 28365	
c. Phone Number	d. Email Address
919-738-0962	bkornegay@nc.rr.com
<input checked="" type="checkbox"/> Email copy of report notices	

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	
Wells Fargo, Mount Olive	
b. Account Code	c. Type
3865	Checking

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.

Barbara R Kornegay

Printed Name of Treasurer

BK

Signature of Appointed Treasurer

12/6/2021

Date

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.

Barbara T Kornegay

Printed Name of Candidate

BTK

Signature of Candidate

12/6/2021

Date