

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.

a. Name of Committee	d. ID Number
Barbara Kornegay	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
118 Whitley St, Mount Olive, NC 28365	7/7/2023
c. Committee Website (Optional)	f. Phone Number

a. Full Name	e. Party Affiliation
Barbara Ross Kornegay	Democrat
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
118 Whitley St, Mt Olive, NC 28365	Commissioner - Dist 3
c. Phone Number	d. Email Address
	bkornegay@nc.rr.com
<input type="checkbox"/> Email copy of report notices	g. Next Election Year
	2023
	h. Jurisdiction
	District 3 Mount Olive

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

a. Full Name	a. Financial Institution Full Name
Barbara Ross Kornegay	Wells Fargo Mount Olive Bk
b. Mailing Address (include City, State, and Zip Code)	
118 Whitley St, Mt Olive, NC 28365	
c. Phone Number	d. Email Address
	bkornegay@nc.rr.com
<input type="checkbox"/> Email copy of report notices	b. Account Copy
	28365
	c. Type
	checking Bk

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 Ross Kornegay
Printed Name of Treasurer

[Signature]
Signature of Appointed Treasurer

7/7/2023
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 Ross Kornegay
Printed Name of Candidate

[Signature]
Signature of Candidate

7/7/2023
Date