

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 Campaign to Re-elect HARDISON	d. ID Number
b. Mailing Address (include City, State and Zip Code) 127 Hood Dr., Goldsboro NC	e. Date Organized 12-05-2023
c. Committee Website (Optional)	f. Phone Number 203-331-6278

a. Full Name FREEMAN HARDISON Jr	e. Party Affiliation Republican
b. Mailing Address (include City, State, and Zip Code) 127 Hood Dr Goldsboro, NC 27530	f. Office Sought WAYNE County Commissioner 04
c. Phone Number 203-331-6278	g. Next Election Year 2024
d. Email Address freeman.hardison@gmail.com	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices	

a. Full Name Freeman Hardison Jr	a. Full Name RECEIVED
b. Mailing Address (include City, State, and Zip Code) 127 Hood Dr Goldsboro, NC 27530	b. Mailing Address (include City, State and Zip Code) WCDP
c. Phone Number 203-331-6278	c. Phone Number BY
d. Email Address freeman.hardison@gmail.com	d. Email Address
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Email copy of report notices	

a. Full Name	a. Financial Institution Full Name Truist
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	b. Account Code FH-01
d. Email Address	c. Type 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.

Freeman Hardison Jr

Printed Name of Treasurer

[Signature]

Signature of Appointed Treasurer

12/11/2023

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.

Freeman Hardison Jr

Printed Name of Candidate

[Signature]

Signature of Candidate

12/11/2023

Date



NORTH CAROLINA

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: Freeman Hardison Sr

Committee Name: Campaign To ReElect HARDISON

Treasurer Name: Freeman Hardison Sr

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

Committee ID #: _____

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

I, Freeman Hardison Sr, 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>Wayne County GOP</u>	<u>100%</u>
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: [Signature]

Date: 12/11/2023