

# 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		
<i>Campaign to Re-elect HARDISON</i>			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
<i>127 Hood Dr., Goldsboro NC</i>			
c. Committee Website (Optional)	f. Phone Number		
<i>203-331-6278</i>			
a. Full Name	e. Party Affiliation		
<i>Freeman HARDISON Jr</i>			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
<i>127 Hood Dr Goldsboro, NC 27530</i>			
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
<i>203-331-6278</i>	<i>Freeman.Hardison@gmail.com</i>	<i>2024</i>	
<input type="checkbox"/> Email copy of report notices			
a. Full Name	a. Full Name		
<i>Freeman Hardison Jr</i>			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
<i>127 Hood Dr Goldsboro, NC 27530</i>			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
<i>203-331-6278</i>	<i>Freemanhardison@gmail.com</i>		<i>BY</i>
<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		
<i>Trust</i>			
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		<i>FH-01</i>	<i>Checking</i>
<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.			
<i>Freeman Hardison Jr.</i>		<i>Freeman Hardison Jr.</i>	
Printed Name of Treasurer		Signature of Appointed Treasurer	
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.			
<i>Freeman Hardison Jr.</i>		<i>Freeman Hardison Jr.</i>	
Printed Name of Candidate		Signature of Candidate	



# 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: 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: Freeman Hardison Sr  
Date: 12/11/2023