

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 Aycock Committee			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
1707 Nor Am Rd Pikeville, NC 27863	11-27-23		
c. Committee Website (Optional)	f. Phone Number		
2. Candidate Information			
a. Full Name	e. Party Affiliation		
Barbara Aycock			
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
1707 Nor Am Rd Pikeville, NC 27863	County Commission		
c. Phone Number	d. Email Address		
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name	a. Full Name		
Brent Heath	RECEIVED WOBCE		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
113 Crest Dr Mount Olive, NC 28365	DEC 20 2023		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919 732 4337	brentheath@me.com		
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	a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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><u>Brent Heath</u> <u>Barbara Aycock</u> <u>12-5-23</u></p> <p>Printed Name of Treasurer Signature of Appointed Treasurer 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><u>Barbara Aycock</u> <u>Barbara Aycock</u> <u>5/5/23</u></p> <p>Printed Name of Candidate Signature of Candidate Date</p>			