

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Barry Clifford Joyce			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
2945 Doris Drive Burlington, N.C. 27217		2-12-14	
		e. Phone Number	
		336-263-5195	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Barry Clifford Joyce			Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
2945 Doris Drive Burlington, NC 27217		County Comm.	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-263-5195	bjoyce12@triad.rr.com	2015	
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Barry Clifford Joyce		Barry Clifford Joyce	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
2945 Doris Drive Burlington, NC 27217		2945 Doris Drive Burlington, NC 27217	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-263-5195	bjoyce12@triad.rr.com	336-263-5195	bjoyce12@triad.rr.com
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		Carolina Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	checking
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.			
Barry Clifford Joyce		Barry Clifford Joyce	2/18/14
Printed Name of Signer		Signature of Appointed Treasurer	Date



North Carolina
State Board of Elections

441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Barry Clifford Joyce

Treasurer Name: Barry Clifford Joyce

Treasurer Address: 2945 Doris Drive

(include city, state, & zip) Burlington, N.C. 27217

Treasurer Phone: 336-263-5795

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2/18/14
Date Signed

Barry Clifford Joyce
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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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).

Candidate Name: Barry Joyce

Committee Name: _____

Treasurer Name: Barry Joyce

If Candidate is own treasurer, designate an agent to carry out designations: Therera Joyce

Committee ID #: _____

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

I, Barry Clifford Joyce 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>Hospice of Alamance Co.</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: Barry C. Joyce

Date: 2/18/14

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.