

# Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input type="checkbox"/> 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
Committee to Elect Barry Joyce	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
2270 Sunberry Dr. Graham, NC 27253	12-15-2023
c. Committee Website (Optional)	f. Phone Number
	336-263-5795

2. Candidate Information			
a. Full Name		c. Party Affiliation	
Barry Clifford Joyce		Rep Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2945 Doris Dr.		Alamance County Commission	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-263-5795	bjoyce12@triad.rr.com	2024	Alamance
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Brian "Keith" Jones			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2270 Sunberry Dr. Graham N.C. 27253		DEC 22 2023	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336 635-2883	K1jones115@gmail.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)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Brian Keith Jones		Select Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
2270 Sunberry Dr. Graham N.C. 27253		3158 S. Church St. Durham N.C. 27215	
c. Phone Number	d. Email Address	b. Account Code	c. Type
336 635 2883	K1jones115@gmail.com		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.

Brian "Keith" Jones                      Brian Keith Jones                      12-21-2023  
 Printed Name of Treasurer                      Signature of Appointed Treasurer                      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.

Barry C. Joyce                      Barry C. Joyce                      12-15-2023  
 Printed Name of Candidate                      Signature of Candidate                      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: Barry Clifford Joyce

Committee Name: Committee to Elect Barry Joyce

Treasurer Name: Brian "Keith" Jones

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: \_\_\_\_\_

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

I, Barry C. Joyce, hereby direct that in the event of my death or incapacity all 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 <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Republican Party</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: 12-22-2023

DEC 22 2023

STATE BOARD OF ELECTIONS