

# 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
Friends of Michelle Barson	RCQAYQ
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
3929 Woodhaven Ct., Clemmons, NC 27012	6/22/25 7/10/25
c. Committee Website (Optional)	f. Phone Number
n/a	614-404-2111

## 2. Candidate Information

a. Full Name	e. Party Affiliation		
Michelle Naomi Barson	Democrat		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
3929 Woodhaven Ct. Clemmons, NC 27012	Council, Municipal		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
614 404 2111	Michelle.naomi.barson@gmail.com	2025	Clemmons
<input checked="" type="checkbox"/> Email copy of report notices			

## 3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information		
Michelle Naomi Barson	a. Full Name		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
3929 Woodhaven Ct. Clemmons, NC 27012	n/a		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
614 404 2111	Michelle.naomi.barson@gmail.com	n/a	n/a
Send report notices by email <input checked="" 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	6. Account Information (incl. CRO-3500)		
Michelle Naomi Barson	a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)	Truliant FCU		
3929 Woodhaven Ct. Clemmons, NC 27012			
c. Phone Number	d. Email Address	b. Account Code	c. Type
614 404 2111	Michelle.naomi.barson@gmail.com	B1F4	checking
<input checked="" 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.

Michelle N. Barson

Printed Name of Treasurer

Michelle N. Barson

Signature of Appointed Treasurer

7/10/25

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.

Michelle N. Barson

Printed Name of Candidate

Michelle N. Barson

Signature of Candidate

7/10/25

Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

#### FILED BY:

Committee Name: Friends of Michelle Barson  
Treasurer Name: Michelle Barson  
Treasurer Address: 3929 Woodhaven Ct.  
(include city, state, & zip) Clemmons, NC 27012  
  
Treasurer Phone: 614 404 2111

#### Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7/10/25  
Date Signed

Michelle M Barson  
Signature

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BOARD OF ELECTIONS



# 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: Michelle Barson

Committee Name: Friends of Michelle Barson

Treasurer Name: Michelle Barson

If Candidate is own treasurer, designate an agent to carry out designations: Linda Arrigo

Committee ID #: RCQAYQ

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

I, Michelle Barson, 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>Jerry Long Family YMCA</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: Michelle M Barson

Date: 7/10/25

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