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
Elect Steven P Barger	3DFAXU
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
6505 Birchwood Ln Nw Ocean Isle Beach NC 28469	11/23/23
c. Committee Website (Optional)	**f. Phone Number**
www.stevenbarger.org	910-443-9247

2. Candidate Information

a. Full Name	e. Party Affiliation
Steven P Barger	Republican
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
32 S Greensboro Rd Boiling Spring Lakes NC 28461	School Board Dist 4

c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-918-0458	electstevenpbarger@gmail.com	2028	District 4

☑ Email copy of report notices

3. Treasurer Information

a. Full Name	
Nicholas W Todd	
b. Mailing Address (include City, State, and Zip Code)	
6505 Birchwood Ln Nw Ocean Isle Beach NC 28469	
c. Phone Number	**d. Email Address**
910-443-9247	ntodd.cfsg@gmail.com

Send report notices by email ☑ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
Sandra Todd	
b. Mailing Address (include City, State and Zip Code)	
6540 Birchwood Ln Nw Ocean Isle Beach NC 28469	
c. Phone Number	**d. Email Address**
910-443-9248	electstevenpbarger@gmail.com

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5. Custodian of Books Information (Keeper of Records)

a. Full Name	
Nicholas W Todd	
b. Mailing Address (include City, State, and Zip Code)	
6505 Birchwood Ln Nw Ocean Isle Beach NC 28469	
c. Phone Number	**d. Email Address**
910-443-9247	ntodd.cfsg@gmail.com

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6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
First Citizens Bank	
b. Account Code	**c. Type**
ESPB1234	Checking

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.

Nicholas Todd — Printed Name of Treasurer | [signature] — Signature of Appointed Treasurer | 7/7/25 — 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.

Steven P. Barger — Printed Name of Candidate | [signature] — Signature of Candidate | 7/7/25 — Date

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JUL 07 2025
BRUNSWICK COUNTY
BOARD OF ELECTIONS