Statement of Organization - Candidate Committee

Is	this	statement:
7	New	Amended

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

This form must be accompanied b	y form CRO-350	An amended form i	s required for each new election year.
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1. Committee Infor	mation								
a. Name of Committee					d. ID Number				
Hardman 4 Schoo	nls								
	lude City, State and Zip Code)					e. Date Organized			
PO Box 251 47	15 Yadkinville Road Pfaffto	wn NC	27040						
c. Committee Website (Ontional)					March 1, 2022 f. Phone Number			
	-		1. Phone Nu				nver		
hardman4schools			(919) 537-9113				-9113		
2. Candidate Infori a. Full Name	mation		e. Party Affiliation						
			e. Farty Admiation						
Edward Michael H			Republican						
	lude City, State, and Zîp Code)		f. Office Sought						
4013 Huntscroft L									
Winston Salem, N	G 2/10b		Forsyth County School Board - At Large						
c . Phone Number	d. Email Address					Jurisdiction			
(010) 527 0112	michael@hardman4schools.c	com							
(919) 537-9113 ✓ Email copy of re			1 ₂₀₂₂ F			orsyth County			
3. Treasurer Inform		-0-1-0	4. Assistant Treasurer Inform						
a. Full Name			a. Full Name						
Calabarat D. Handon									
Edward R. Hardm	an lude City, State, and Zip Code)		b. Mailing Address (inc	-bada City	State	-u J Min Cod	N	6003	
4424 Timberfield [D. Maning Addi ess (me	clude City,	Mate	and Zip Cod	10	20-	
Pfafftown, NC 270		- 1					MAR	87	
			, os						
c. Phone Number	d. Email Address		c. Phone Number	d. Email .	Addre	ess	0		
(336) 923-5537	ehardman@triad.rr.com	- 1				Charles of the same			
Send report notices by email Yes No			Email copy of report notices						
5. Custodian of Boo	ks Information (Keeper of Rec		6. Account Information (incl. CRO-3500)						
a. Full Name			a. Financial Institution	Full Name	e		-	(0)	
Edward R. Hardma	an		Allegacy Federal Credit Union						
o. Mailing Address (incl	ude City, State, and Zip Code)		Allogacy Fodoral	Oredit C	HIOH				
4424 Timberfield D									
Pfafftown, NC 270	040								
2. Phone Number	d. Email Address		b. Account Code	с. Туре					
Email copy of report notices		H45	H45	CHECKING					
I certify that the Co	ommittee is in compliance with all all that no funds are commingled with all that no funds are commingled with all that no funds are commingled with all the commingles with all the commingles with all the commingles with all the committees are committees as a committee with all the committees are committees as a committee with all the compliance with all the committees are committees as a committee with all the compliance with all the committees are committees as a committee with all the committees are committees and the committees are committees as a committee with all the committees are committees and the committees are committees are committees and the committees are committees are committees and the committees are committees and the committees are committees and the committees are committees are committees and the committees are committees are committees and the committees are committees and the committees are committees are committees are committees and the committees are committees are committees are committees and committees are commit								
	lete, true and correct.						. 001111	LIIGU	
Edward R Hardman									
- Owens			nature of Appointed Treasurer Date						
Y		-					400		
I certify that the info luties and responsibi 163 of the NC Genera	rmation above is correct, and I, a lities imposed upon the appointed al Statutes.	s the can	didate, appoint said or and subject to the	treasures penalties	to p	ersonally fo Article 22A	ılfill the of Cha _l	e oter	
Edward Michae	2 Muhae C/1	4. 1		03/	12/2	022			
	Name of Candidate	V 12114	21 22 111				Date		
Timiled (Table of Calignatic			United the Contraction				~~~		



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.

Committee Name: Hardman 4 Schools Treasurer Name: Edward R Hardman Treasurer Address: 4424 Timberfield Drive (include city, state, & zip) Pfafftown, NC 27040 Treasurer Phone: (336) 923-5537

Check One:

FILED BY:

X 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.

3/9/2022 Date Signed

Signatu



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:	dward Michael Hardman				
Committee Name:	Hardman 4 Schools				
Treasurer Name:	Edward R Hardman				
If Candidate is own to	reasurer, designate an agent to carry out designations:				
Committee ID #:					
Level Registered:	[State] [County] If county, specify: Forsyth County				
I, Edward Michael Hardman , 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).					
	of Entity Plan for Disbursement (eg. Amount or %) \$163-278.16B(a))				
1. Campaign Committee	For Another Candidate 100%				
2					
By signing this form,	I certify that the foregoing entities are eligible beneficiaries under N.C16B(a). A copy of this form should be maintained with the Committee				
Signature of Candida	te: Edward Muhaoffen 03/09/2022				
Date:	03/09/2022				
CRO-3900	Candidate Designation of Committee Funds				