

# 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
Freeman 4 Ward 4	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
492 Catawba Valley Blvd SE Hickory, NC 28602	7/8/2025
c. Committee Website (Optional)	f. Phone Number
	828-323-7412

## 2. Candidate Information

a. Full Name	e. Party Affiliation		
Anthony Jerome Freeman	Non-Partisan		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
492 Catawba Valley Blvd SE Hickory, NC 28602	Alderman Ward 04		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-323-7412	afreeman@hickorync.gov	2025	Hickory
<input type="checkbox"/> Email copy of report notices			

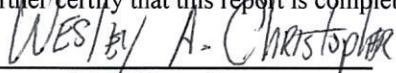
## 3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)		
Wesley Christopher	N/A		
b. Mailing Address (include City, State, and Zip Code)	c. Phone Number d. Email Address		
843 6th Ave NW Hickory, NC 28602			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-244-2920	ten4wes@msn.com		
<input checked="" type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

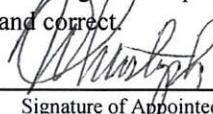
## 4. Assistant Treasurer Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)		
N/A	First Citizens Bank		
b. Mailing Address (include City, State, and Zip Code)	c. Phone Number d. Email Address		
c. Phone Number	d. Email Address	b. Purpose	c. Type
		Campaign Account	
<input type="checkbox"/> Email copy of report notices		b. Account Code	c. Type
		AJF	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.



Printed Name of Treasurer

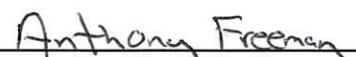


Signature of Appointed Treasurer



Date

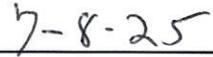
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.



Printed Name of Candidate



Signature of Candidate



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: Freeman 4 Ward 4

Treasurer Name: Wesley Christopher

Treasurer Address: 843 6th Ave NW

(include city, state, & zip) Hickory, NC 28602

Treasurer Phone: 828-244-2920

#### Check One:

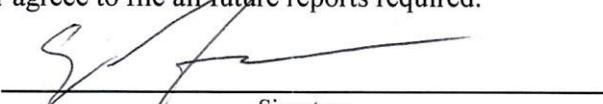
I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 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 DISCLAIMER CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

I am withdrawing my Certification to remain 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 filed from the beginning of the current election cycle. I further agree to file all future reports required.

7-8-25

Date Signed



Signature



# NORTH CAROLINA

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## 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: Anthony Jerome Freeman

Committee Name: Freeman 4 Ward 4

Treasurer Name: Wesley Christopher

If Candidate is own treasurer, designate an agent to carry out designations: N/A

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

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

I, Anthony Jerome Freeman (Name of Candidate) hereby direct that in the event of my death or incapacity all

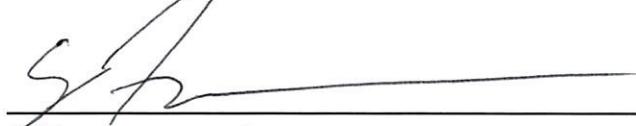
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity  
(Select from §163-278.16B(a))

Plan for Disbursement (eg. Amount or %)

1. <u>Second Harvest Food Bank</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: 

Date: 7-8-25