

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

Barresi Campaign

d. ID Number

b. Mailing Address (include City, State and Zip Code)

3331 Healy Drive 25652 WSNC 27103

e. Date Organized

12-04-25

c. Committee Website (Optional)

f. Phone Number

743 639-0219

2. Candidate Information

a. Full Name

Mike P. Barresi

e. Party Affiliation

REPUBLICAN

b. Mailing Address (include City, State, and Zip Code)

3331 Healy Dr. 25652 WSNC 27103

f. Office Sought

FORSYTH COUNTY BD OF COMMISSIONERS AT LARGE

c. Phone Number

743 639-0219

d. Email Address

MIKEBARRESI300@YAHOO.COM

g. Next Election Year

2026

h. Jurisdiction

☒ Email copy of report notices

3. Treasurer Information

a. Full Name

Maria I. Mendez

b. Mailing Address (include City, State, and Zip Code)

290 PICCADILLY DR WSNC 27104

c. Phone Number

336 253-4900

d. Email Address

MIM290@YAHOO.COM

Send report notices by email ☒ Yes ☐ No

5. Custodian of Books Information (Keeper of Records)

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of report notices

4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

Piedmont Fed

253131 773

b. Account Code

c. Type

AB12

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.

Maria I. Mendez

Printed Name of Treasurer

Maria I. Mendez

Signature of Appointed Treasurer

12-04-25

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.

Mike Barresi

Printed Name of Candidate

Mike Barresi

Signature of Candidate

12-04-25

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:

Barresi Campaign

Treasurer Name:

Maria J. Mendez

Treasurer Address:

290 Piccadilly Dr

(include city, state, & zip)

Winston Salem, NC 27104

Treasurer Phone:

336 253-4944

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.

12-04-25

Date Signed

Maria Mendez

Signature



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: Mike P. Barresi Sr.

Committee Name: Barresi Campaign

Treasurer Name: Maria I. Mendez

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

Committee ID #: _____

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

I, Mike P. Barresi Sr., 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>Maria I. Mendez</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: Mike Barresi

Date: 12-04-25