

# 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
Citizens for a Better Lincolnton	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
405 N. Poplar Street, Lincolnton, NC 28092	12/04/25
c. Committee Website (Optional)	f. Phone Number
	980-429-0776

## 2. Candidate Information

a. Full Name	e. Party Affiliation		
Thomas (Tommy) Earl Huskey Jr	Democratic		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
821 S. Poplar Street Lincolnton, NC 28092	CITY COUNCIL		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
980-429-0776	darkbeerguy@gmail.com	2026	WARD III
<input type="checkbox"/> Email copy of report notices			

## 3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)	c. Phone Number	d. Email Address	e. Party Affiliation	f. Office Sought	g. Next Election Year	h. Jurisdiction
Joseph (Joey) David Barnhill	224 East Congress Street Lincolnton, NC 280920						
e. Phone Number	f. Email Address	g. Next Election Year	h. Jurisdiction	i. Financial Institution Full Name			
704-363-8554	audioe1@me.com	2026	WARD III	First Federal Savings Bank			

Send report notices by email  Yes  No  Email copy of report notices

## 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	e. Account Code	f. Type
Joseph (Joey) David Barnhill	224 East Congress Street Lincolnton, NC 280920			1229	
e. Phone Number	f. Email Address	g. Next Election Year	h. Jurisdiction	i. Financial Institution Full Name	
704-363-8554	audioe1@me.com	2026	WARD III	First Federal Savings Bank	
<input 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.

Joseph (Joey) David Barnhill

Printed Name of Treasurer

Signature of Appointed Treasurer

Date

12-8-25

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.

Thomas (Tommy) Earl Huskey Jr

Printed Name of Candidate

Signature of Candidate

Date

12-8-25

# Disclosure Report Cover

Amendment

Yes

No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

## I. Committee Information

a. Full Name	e. ID Number		
Citizens for a Better Lincolnton			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
405 North Poplar Street Lincolnton, NC 28092	12/08/25		
		e. Phone Number	

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	12/08/25	12/31/25	Joseph (Joey) David Barnhill

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational  <input type="checkbox"/> Quarterly  <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund  <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
First Federal Savings Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Funds for Campaign for City Council	1229		d. Period Begin Balance
	\$ 200.00		

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M 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 and that I have been trained by the NC State Board of Elections.

Joseph Barnhill

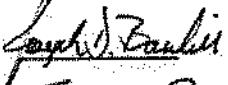
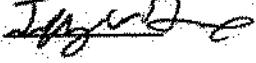
Printed Name of Signer

Signature of Appointed Treasurer

12-8-25

Date

## FOR OFFICE USE ONLY

Date Received:	12-12-2025	Employee:	 	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

**Contributions from Individuals**

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>				
Citizens for a Better Lincolnton						
<b>3. Contributor Information</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> Business Owner/ Retired		<b>d. Comments</b>		
Thomas (Tommy) Earl Huskey Jr 821 South Poplar Street Lincolnton, NC 28092		<b>c. Employer's Name/Specific Field</b> Citizens Sprinkler Inc. Fire Sprinklers Retired		<b>e. Election Sum to Date</b> \$ .200.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1229	Transfer		12/08/25	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> 		<b>d. Comments</b>		
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> 		<b>d. Comments</b>		
		<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b> \$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 200.00	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 200.00	

# Detailed Summary

Amendment  
 Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Citizens for a. Bette Lincolntonr	Organizational		
<b>Start of Election Cycle: January 1, 2026</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start	\$	\$	+
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 200.00	\$ 200.00	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) <b>TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 200.00	\$ 200.00	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) <b>TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0.00	\$ 0.00	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	\$	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$	\$	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	\$	
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	



# NORTH CAROLINA

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## 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: Citizens for a Better Lincolnton  
Treasurer Name: Joesph (Joey) David Barnhill  
Treasurer Address: 224 East Congress Street  
(include city, state, & zip) Lincolnton, NC 28092

Treasurer Phone: 704-363-8554

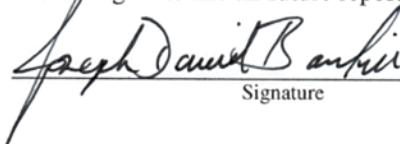
#### Check One:

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.

12-8-25  
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: Thomas (Tommy) Earl Huskey Jr

Committee Name: Citizens for a Better Lincolnton

Treasurer Name: Joesph (Joey) David Barnhill

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

Committee ID #: 1229

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

I, Thomas Earl Huskey Jr, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. Hessed House of Hope	100%
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:

12-8-28