

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name			c. ID Number		
JOE ALFRED TICKLE					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
3148 GARDEN RD BURLINGTON, NC 27215-9784			7-20-2017		
			e. Phone Number		
			(336) 584-6159		
2. Candidate Information					<input type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
JOE ALFRED TICKLE				REPUBLICAN <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
3148 GARDEN RD BURLINGTON, NC 27215-9784			City of Burlington, NC - City Council		
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction		
336-584-6159	joesixty6@gmail.com				
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
JOE ALFRED TICKLE			SAME		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
3148 GARDEN RD BURLINGTON, NC 27215-9784					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
336-584-6159	joesixty6@gmail.com				
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information <small>(incl. CRO-3500)</small>		
a. Full Name			a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
SAME			WELLS FARGO BANK, N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			CAMPAIGN		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
			BUSINESS		
<input type="checkbox"/> Email copy of notices					
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.					
JOE A TICKLE		Joe A. Tickle		7-20-2017	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Candidate Name: JOE TICKLE
 Treasurer Name: JOE A. TICKLE
 Treasurer Address: 3148 GARDEN RD.
 (include city, state, & zip) BURLINGTON, NC 27215-9784

 Treasurer Phone: (336) 584-6159

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7-20-2017
 Date Signed

Joe A. Tickle
 Signature of Candidate

07-21-17P01:43 RCVD



07-21-17P01:43 RCVD

North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

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: JOE TICKLE

Committee Name: COMMITTEE TO ELECT JOE TICKLE

Treasurer Name: JOE TICKLE

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

Committee ID #: _____

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

I, JOE TICKLE, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>ALAMANCE COUNTY DEMOCRATIC PARTY</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.


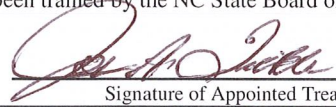
Signature of Candidate: Joe A. Tickle

Date: 7-20-2017

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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.

1. Committee Information																																								
a. Full Name			c. ID Number																																					
COMMITTEE TO ELECT JOE TICKLE																																								
b. Mailing Address (include City, State and Zip Code)			d. Date Filed																																					
3148 GARDEN RD. DURHAM, NC 27215-9784			7-21-2017																																					
			e. Phone Number																																					
			336-584-6159																																					
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																					
2017	7-14-2017	7-21-2017	JOE ALFRED TICKLE																																					
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		<table border="1"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input checked="" type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																						
<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																						
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																						
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																						
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																						
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																						
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																						
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																							
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																							
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																							
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																							
	<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																																						
WELLS FARGO BANK NA																																								
b. Purpose	c. Account Code	b. Purpose	c. Account Code																																					
CAMPAIGN	J																																							
	d. Period Begin Balance		d. Period Begin Balance																																					
	\$ 0		\$																																					
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.																																								
 Printed Name of Signer		 Signature of Appointed Treasurer		7-21-2017 Date																																				
FOR OFFICE USE ONLY																																								
Date Received:	7/24/17	Employee:	JG	Delivery Method																																				
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail																																				
Date Scanned:	7/24/17	Employee:	JG	<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																																				
<p>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.</p>																																								

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
COMMITTEE TO ELECT JET TICKLE		OBAMA 2008			
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ - 0 -		\$ - 0 -	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 20.00		\$ 20.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 2,000.00		\$ 2,000.00	
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)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,000.00		\$ 2,000.00	
EXPENDITURES					
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)		\$ 20.00		\$ 20.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 20.00		\$ 20.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,000.00		\$ 2,000.00	
ADDITIONAL INFORMATION					
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)		\$		\$	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
<i>COMMITTEE TO ELECT JOE TICKLE</i>							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
<i>JOE A. TICKLE 3145 Gordon Rd. Burlington, NC 27215-9784</i>				<i>SELF EMPLOYED</i>			
				c. Employer's Name/Specific Field			
				<i>JOE'S 66 SEAN, LLC</i>		e. Election Sum to Date	
						\$ <i>20.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<i>CASH</i>	<i>FILING FEE</i>	<i>7-14-17</i>	\$ <i>20.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <i>20.00</i>	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ <i>20.00</i>	

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
<i>COMMITTEE TO ELECT JOE TICKLE</i>			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments	d. Election Sum to Date \$ <i>20.00</i>
<i>JOE A TICKLE 3145 GARDEN RD. BURLINGTON, NC 27215-9854</i>			
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
<i>FILING FEE</i>	<i>7-14-17</i>	\$ <i>20.00</i>	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments	d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments	d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
		\$	
4. Total only this Page		\$ <i>20.00</i>	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ <i>20.00</i>	



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: COMMITTEE TO ELECT JOE TICKLE
- Person or committee to make loan: JOE A. TICKLE
- Date of loan to committee: 7-19-17
- Name of lending institution and account number (source):

- Amount of loan: \$ 2,000.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: _____
- Rate of interest of loan: _____
- Security pledged for loan: _____

I, JOE A. TICKLE, acknowledge that all of the information
(Person lending money to committee)
 provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Joe A. Tickle
 Signature of Lender

7-21-17
 Date Signed

Joe A. Tickle
 Signature of Treasurer of Committee

7-21-17
 Date Signed

Loan Proceeds

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT JOE TICKLE					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JOE A TICKLE 3148 GREENWOOD BURLINGTON, NC 27215-9784		JOB EMPLOYED RETIRED			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		JOE'S VLS SERVICE LLC		7-18-2017	
				f. End Date (mm/dd/yyyy)	
				N/A	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0 %	N/A	J	CHECK	\$ 2,000.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
				% \$	
5. Total of ALL CRO-1410 Pages				\$ 2,000.00	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					