| - AUCHODIAL C  | Report Co  | over  |  |  |  | Amendment  |
|--|--|---|--|--|--|--|
| Use this form for general report and committee information, must be signed and submitted along with other designed. No   |  |   |  |  |  |  |
| Entertain the City City I  | orni to apaate n   | nformatioń.   |  | 0  | and the tron   | s with other detailed forms.   |
| 1. Committee In  | nformation   | territorio de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición   |  | and the second s |  |  |
| a. Full Name   |  |   |  |  |  | c. ID Number   |
| LOMMITTEE TO ELECT JOE TICKLE  |  |   |  |  |  | The second secon |
| b. Mailing Address (include City, State and Zip Code)  |  |   |  |  |  | d. Date Filed  |
| 3148 GARDEN RD.  |  |   |  |  |  | a E IM   |
| BLURINGTON, NC 27215-9784  |  |   |  |  |  | 7-2-11   |
|  |  |   |  |  |  | e. Phone Number  |
| 2. Remark Venni 2. Paris I Cont Del  |  |   |  |  |  | 1336) 584-6159   |
| 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period   |  |   |  |  | 5. Treasure  | r Full Name  |
| 2017 7-22-17   |  |   | 8-29   | 1-17   | JOE A.   | TICKLE   |
| 6. Type of Com   | mittee (Check C  |   | 9. Type of Rep   | ort (check only one  | type of repo.  | rt from one category)  |
| Candidate Cam PAC  |  | ty  | Municipal  | State/County   |  | Referendum   |
| Independent Ex   |  | erendum<br>nt Fundraiser  | Organizationa  | thousand C   | ional  | Organizational   |
| Legal Expense  |  | n rungraiser  | Thirty-five da   | pressy   |  | Pre-referendum   |
|  |  |   | Pre-election   | First Seco   | 1  | Final Supplemental Final   |
| 7. Type of Fund  | (if applicable,  | check one)  | Pre-runoff   | Third  | 1  | Annual   |
| Booster Fund   |  |   | Semi-annual  | Four   | th   | Special  |
| Building Fund  |  |   | Mid Yea  |  |  |  |
| Other:   |  |   | Year End Final   | hanned 1711Ci  |  | 10. Special Report Name  |
| 8. Number of Fi  | undraisers this  | Report  | Special  | Year<br>Final  | End  |  |
| ,-   |  |   | beneal Opcomi  | Special  |  |  |
| 11. Account Info   | ormation   |   |  |  | anti em  | we have a second and a second a |
| 11. Account Intol mation   |  |   |  |  |  |  |
| a. I manetai Institut  | ion run Name   |   | The state of the s | a. Financial Institution   | Full Name  |  |
| 4 . 3  | -  | v NA  |  | a. Financial Institution   | Full Name  |  |
| WEUS V   | FARGO BANK   |   |  |  |  |  |
| 4 . 3  | -  | c. Account Cod  | le   | a. Financial Institution b. Purpose  |  | c. Account Code  |
| WEUS V   | -  |   | le   |  |  | c. Account Code  |
| WEUS V   | -  |   |  |  |  |  |
| WEUS V   | -  | c. Account Cod  | n Balance  |  |  | d. Period Begin Balance  |
| WEUS V   | FAPGO BANI<br>N  | c. Account Cod  |  |  |  |  |
| b. Purpose  CAMMIS  CERTIFICATION  I certify that the of the NC Generation report is completed.  | ON Committee or Funal Statutes and thate, true and correct A. Vicket inted Name of Sign  | d. Period Begin  \$ 200  and is in complia at no funds are out and that I have  | a Balance  Or OO  ance with all applicommingled with e been trained by   | b. Purpose   | ticle 22A, 22B<br>n-disclosed fu<br>Elections.         | d. Period Begin Balance  |
| b. Purpose  CAMMIS  CERTIFICATION  I certify that the of the NC Generation report is completed.  | ON Committee or Fundal Statutes and that the, true and correct the true and correct that the true and correct the true and correct the true and correct the true and correct t | d. Period Begin \$ 2,000  and is in complia at no funds are cet and that I have   | a Balance  Or OO  ance with all applicommingled with e been trained by   | b. Purpose  icable provisions of Ari prohibited or other no the NC State Board of  | ticle 22A, 22B<br>n-disclosed fu<br>Elections.         | d. Period Begin Balance \$     & 22D-22M of Chapter 163 ands. I further certify that this  9-5-20/9  |
| b. Purpose  CAMMIS  CERTIFICATION  I certify that the of the NC Generation report is completed.  | ON Committee or Fundal Statutes and thate, true and correct formatted Name of Sign USE ONLY  | d. Period Begin  \$ 200  and is in complia at no funds are out and that I have  | a Balance  Or OO  ance with all applicommingled with e been trained by   | b. Purpose  icable provisions of Arr prohibited or other not the NC State Board of  A All nature of Appointed Treas  | ticle 22A, 22B<br>n-disclosed fur<br>Elections.        | d. Period Begin Balance  \$  & 22D-22M of Chapter 163 ands. I further certify that this  |
| b. Purpose  CAMPANO  CERTIFICATION  I certify that the of the NC Gener-report is completed by the complete of the Company of t | ON Committee or Fundal Statutes and thate, true and correction of Signal Statutes of Sign | d. Period Begin \$ 2,000  and is in complia at no funds are out and that I have  error to the complete and th | a Balance  O, OO  Ince with all applicommingled with e been trained by  Sign   | b. Purpose  icable provisions of Arr prohibited or other nor the NC State Board of A All nature of Appointed Treas  //ee:  | ticle 22A, 22B n-disclosed fur Elections.              | d. Period Begin Balance  \$  & 22D-22M of Chapter 163 ands. I further certify that this  9520/7  Date  |
| b. Purpose  CAMPATO  CERTIFICATION  I certify that the of the NC Generate report is completed by the complete of the NC Generate report is completed by the complete of the NC Generate report is completed by the NC | ON Committee or Fundal Statutes and that the true and correct inted Name of Sign USE ONLY ed:  OR  OR  Committee or Fundament of Sign USE ONLY ed:  OR  OR  OR  OR  OR  OR  OR  OR  OR  O  | d. Period Begin \$ 2,000  and is in complia at no funds are cet and that I have   | a Balance  Or OO  ance with all applicommingled with the been trained by  Sig  | b. Purpose  icable provisions of Arr prohibited or other no the NC State Board of Authorited Treas  vee:   | ticle 22A, 22B n-disclosed fur Elections.              | d. Period Begin Balance  \$  a. & 22D-22M of Chapter 163 ands. I further certify that this  95007  Date  very Method Normal Mail Registered Mail Hand Delivered Electronically Filed   |
| b. Purpose  CAMPANO  CERTIFICATION  I certify that the of the NC Generate report is completed by the complet | ON Committee or Fundal Statutes and thate, true and correct inted Name of Sign USE ONLY ed:  crked:  d:  d:  ntered:   | c. Account Code  d. Period Begin  Report  and is in compliant to funds are of the control of the  | a Balance  O, OO  Ince with all applicommingled with a been trained by  Sign  Employ  Employ  Employ  Employ   | b. Purpose  icable provisions of Arr prohibited or other nor the NC State Board of A Alle nature of Appointed Treas  //ee: //ee: //ee: //ee:   | ticle 22A, 22B n-disclosed fur Elections.              | d. Period Begin Balance  \$  & 22D-22M of Chapter 163 ands. I further certify that this    Graph   |
| b. Purpose  CAMPANO  CERTIFICATION  I certify that the of the NC Generate report is completed by the complet | ON Committee or Fundal Statutes and that the true and correct inted Name of Sign USE ONLY ed:  cet: This form call the true and correct inted Name of Sign USE ONLY ed:  cet: This form call the true and correct intered:   | d. Period Begin \$ 2,000  and is in complia at no funds are of and that I have  error and that I have  are recorded to the second of the second | a Balance  Or OO  ance with all applicommingled with the been trained by  Employ Employ Employ Co amend commits  | b. Purpose  icable provisions of Ari prohibited or other no the NC State Board of  A A A A A A A A A A A A A A A A A A A   | ticle 22A, 22B n-disclosed fur Elections.              | d. Period Begin Balance  \$  a. 22D-22M of Chapter 163 ands. I further certify that this    Graph  |
| b. Purpose  CAMPATIO  CERTIFICATIO  I certify that the of the NC Generate report is completed by the complet | ON Committee or Fundal Statutes and that the true and correct inted Name of Sign USE ONLY ed:  cet: This form can assistant  | d. Period Begin \$ 2,000  and is in complia at no funds are of and that I have  et and that I have  1-5-17  1-13-17  annot be used to treasurer, cus  | Employ Employ a amend committed and applications are storied and applications are stories | b. Purpose  icable provisions of Art prohibited or other not the NC State Board of Auture of Appointed Treas  vee:  vee: | ticle 22A, 22B n-disclosed fur Elections.  Burer  Deli | d. Period Begin Balance  \$  & 22D-22M of Chapter 163 ands. I further certify that this  |
| b. Purpose  CAMPATIO  CERTIFICATIO  I certify that the of the NC Generate report is completed by the complet | ON Committee or Fundal Statutes and that the true and correct inted Name of Sign USE ONLY ed:  cet: This form can assistant  | d. Period Begin \$ 2,000  and is in complia at no funds are of and that I have  et and that I have  1-5-17  1-13-17  annot be used to treasurer, cus  | Employ Employ a amend committed and applications are storied and applications are stories | b. Purpose  icable provisions of Arr prohibited or other nor the NC State Board of  A A A A A A A A A A A A A A A A A A A  | ticle 22A, 22B n-disclosed fur Elections.  Burer  Deli | d. Period Begin Balance  \$  & 22D-22M of Chapter 163 ands. I further certify that this  |

NC State Board of Elections

August 2008

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

Amendment
☐ Yes

1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number MMITTE TO ELECT JOE TICKLE 35-DAY Total this Start of Election Cycle: Total this January 1, 2015 Reporting Period **Election Cycle** 4) Cash on Hand at Start \$ 2,000,00 0 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205)\$ 0 6) Contributions from Individuals (CRO-1210) \$ \$ 0 7) Contributions from Political Party Committees (CRO-1220)\$ \$ 0 8) Contributions from Other Political Committees (CRO-1230) \$ 0 2,020,00 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) \$ \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 2,020,00 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) 520161 \$ 540,61 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) \$ S 17) In-Kind Contributions (CRO-1510) \$ S 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 520.61 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 0 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 0 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 0 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 9 24) Account Transfers Within the Committee (CRO-1720) \$ 0 25) Administrative Support (CRO-1710) \$ 0 \$ 26) Forgiven Loans 0 (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ 0 \$ 28) Contributions to be Refunded (CRO-1215) \$ 0 \$

□ No

| Disbursements            |    |
|--------------------------|----|
| AD AD AD CAR IT CARRESTS | Pg |

|    | 0 |    |   | Amendmer | nt   |
|----|---|----|---|----------|------|
| Pg | L | of | 2 | Yes      | ☐ No |

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| 1. Committee l   | Full Name (and Fun                                   | d if applicable)                          |   |  |                           | 2. ID Number   |
|--|--|---|---|--|---------------------------|--|
| Committe   | E TO ELECT   | JOE TICK                                  | LE  |  |                           | ž  |
| 3. Type of Dish  |  | e use separate Cl                         |   |  |                           | bursement.)  |
| Operating Exp  | NAMES OF TAXABLE PARTY OF TAXABLE PARTY.             | ntributions to Candid                     | ates/Politi   | cal Committees   | s Coo                     | ordinated Party Expenditures   |
| 4. Payee Inform  |  |   |   | Add  | Remove                    |  |
| a. Full Name, Mailing Address & Phone  |  |   |   | b. Coordinat   | ed Committee Nam          | e d. Comments  |
| (include city, state   | reasismo Item  | Siene Point                               | wes   | -  |                           |  |
|  |  | 120/12/10 2011011                         | 7   | Federal  | stered (Specify)  County: |  |
| 3920 VAN DR.<br>BURLINGTON, NC 27215   |  |   |   | State  | Municipa                  | ality: e. Election Sum to Date   |
| DURLINGTE<br>DANNE:  | 136) 226-1   |   |   |  |                           | \$ 1,448,61  |
| f. Account Code  | g. Form of Payment                                   | h. Purpose Code                           | i. Date (   | nm/dd/yyyy)  | j. Amount                 | k. Required Remarks  |
| T  | CHECK  | B   | 60  |  | \$ 1,448.61               | YARD SIGNS   |
|  | CHICO)   | N. C. | 01/   | KIJKUII  | 0                         | JANN DIGNS   |
| 4 Dores T. C.  |  |   | Prompt de la constitución de la | Commence of the commence of th | )                         |  |
| 4. Payee Inform  | ing Address & Phone                                  |   |   | Add 🔲  | Remove                    |  |
| (include city, sta   |  |   |   | b. Coordinate  | ed Committee Name         | d. Comments  |
| (meanine early, sur  | te, et mp)   |   |   |  |                           |  |
|  |  |   |   | c. Level Regis   | stered (Specify)          |  |
|  |  |   |   | Federal  | County:                   |  |
|  |  |   |   | State  | ☐ Municipa                | dity: e. Election Sum to Date  |
|  |  |   |   |  |                           | S  |
| f. Account Code  | g. Form of Payment                                   | h. Purpose Code                           | I: D-4- (   | (11)   |                           |  |
| 1. Account code  | g. Form of Fayment                                   | ii. I di pose Code                        | I. Date (   | nım/dd/yyyy)   | j. Amount                 | k. Required Remarks  |
|  |  |   | ļ   |  | 5                         |  |
|  |  |   |   |  | \$                        |  |
| 4. Payee Inforn  | nation   |   |   | Add 🔲  | Remove                    |  |
| a. Full Name, Mail   | ing Address & Phone                                  |   |   |  | ed Committee Name         | d. Comments  |
| (include city, sta   | te, & zip)   |   |   |  |                           |  |
|  |  |   |   | AAMMATAN AAN TATTATAT KARANTIN KANCASLAMA  |                           |  |
|  |  |   |   |  | stered (Specify)          |  |
|  |  |   |   | State  | County:                   | F. 77 d 9  |
|  |  |   |   | State  | Municipa                  | lity: e. Election Sum to Date  |
|  |  |   |   |  |                           | \$   |
| f. Account Code  | g. Form of Payment                                   | h. Purpose Code                           | i. Date (   | mm/dd/yyyy)  | j. Amount                 | k. Required Remarks  |
|  |  |   |   |  | \$                        |  |
| ***************************************  |  |   |   |  | \$                        |  |
| E Total aulu (   | ia Paga  |   |   |  | 4                         | 1:610:   |
| 5. Total only th   | ***************************************              |   |   |  | Alexander (1987)          | \$ 1448.61   |
|  | CRO-1310 Pages                                       |   |   |  |                           |  |
|  | line 13a of Detailed Sun                             |   |   |  |                           | \$ 1520.61   |
|  | line 13b of Detailed Sun<br>line 13c of Detailed Sun |   |   |  |                           | 1080,61  |
| CASSILIANI AND AND COMMITTEE OF THE PARTY OF |  |   | Self-land and Table   |  | expenatures)              | 5  |
| 7. Purpose Co<br>A* - Media  | odes (List detailed                                  |   |   |  |                           | The state of the s |
| A* - Media<br>E - Salaries   | B* - Printin   |   |   | indraising   |                           | Another Candidate  |
| indicated a second of the control of the con        |  |   |   |  |                           |  |
| O* Other   | J I Charti   |   | K - U   | mee Expens   | oco Q" - D0               | onation to Legal Expense Fund  |
| * Codes requir   | e detailed explanati                                 | on in required r                          | emarks  | field (k)  | Part of the second        |  |

| Disbursem   | ients  |                        |                |  | Pa /· of                                | Amendment Yes No                       |  |  |
|---|--|------------------------|----------------|--|---|--|--|--|
| Use this form to  | report expenditures  | from the commit        | tee for o      | nerating ext   | nenses contributi                       | ions to candidate/political            |  |  |
| committees and  | coordinated party ex   | penditures .           |                | peranns on   | Jonises, contributi                     | ions to candidate/pointical            |  |  |
| 1. Committee I  | Full Name (and Fun-  | d if applicable)       |                |  |   | 2. ID Number                           |  |  |
|   | TETO ELECT   | JOE TICK               | LE             |  |   | ž                                      |  |  |
| 3. Type of Disb   |  | use separate CK        | <i>RO-1310</i> | forms for e  | each type of Disb                       | pursement.)                            |  |  |
| Operating Exp   | Ministrative and the Company of the Party of | ntributions to Candida | ates/Politic   | cal Committees   | Coo                                     | ordinated Party Expenditures           |  |  |
| 4. Payee Inform   |  |                        |                | Add  | Remove                                  |  |  |  |
|   | Iailing Address & Ph   | one                    |                | b. Coordinated Committee Name d. Comments  |   |  |  |  |
| (include city, state,   | & zip)   |                        |                |  |   |  |  |  |
| WBA   | G- 1150 KADIO  |                        |                | Y 122 1  | 1.20                                    | ************************************** |  |  |
| DOBO  | x 2450   |                        |                | Federal  | stered (Specify)  County:               |  |  |  |
| PUDI  | NETEN, NC 27   | 1216-2450              |                | State  | Municipa                                | e. Election Sum to Date                |  |  |
| BUSLI   | · () 001   | 1150                   |                | State  | Wumerpa                                 | 200 00                                 |  |  |
| PHONE   | G- 1150 RADIO<br>0X 2450<br>NETEN, NC 27<br>C; (336) 226   | ,-1100                 |                |  |   | \$ /2.00                               |  |  |
| f. Account Code   | g. Form of Payment   | h. Purpose Code        | i. Date (r     | mm/dd/yyyy)  | j. Amount                               | k. Required Remarks                    |  |  |
| J.  | CHECK  | A                      | 08/6           | 09/2017  | \$ 72.00                                | RADIO ADVERTISING                      |  |  |
|   |  |                        |                | The state of the s | \$                                      |  |  |  |
| 4. Payee Inform   | nation   |                        |                | Add $\square$  | Remove                                  |  |  |  |
| a. Full Name, Mail  | ing Address & Phone  |                        |                | ·  | ed Committee Name                       | d. Comments                            |  |  |
| (include city, sta  | te, & zip)   |                        |                |  | · · · · · · · · · · · · · · · · · · ·   |  |  |  |
|   |  |                        |                | ******************************   |   |  |  |  |
|   |  |                        |                | c. Level Registered (Specify)  |   |  |  |  |
|   |  |                        |                | Federal  | County:                                 |  |  |  |
|   |  |                        |                | State  | Municipa Municipa                       | lity: e. Election Sum to Date          |  |  |
| ·   |  |                        |                |  |   | \$                                     |  |  |
| . Account Code  | g. Form of Payment   | h. Purpose Code        | i. Date (r     | nm/dd/yyyy)  | j. Amount                               | k. Required Remarks                    |  |  |
|   |  |                        |                |  | \$                                      | -                                      |  |  |
|   |  |                        |                |  | ¢                                       |  |  |  |
| 1 -   |  |                        |                |  | \$                                      |  |  |  |
| 4. Payee Inforn   |  |                        | Ц              | - Invited  | Remove                                  |  |  |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |  |                        |                | b. Coordinated Committee Name d. Comments  |   |  |  |  |
| (include city, sta  | ie, & zip)   |                        |                |  |   |  |  |  |
|   |  |                        |                | c Yevel Regis  | stared (Spacify)                        |  |  |  |
|   |  |                        |                | c. Level Registered (Specify)  Federal County:   |   |  |  |  |
|   |  |                        |                | State Municipality: e. Election Sum to Date  |   |  |  |  |
|   |  |                        |                |  | 1                                       |  |  |  |
|   |  | 7                      |                |  | *************************************** | \$                                     |  |  |
| Account Code  | g. Form of Payment   | h. Purpose Code        | i. Date (n     |  | j. Amount                               | k. Required Remarks                    |  |  |
|   |  |                        |                |  | \$                                      |  |  |  |