Disclosure Report Co	W74734				Amendment		
Use this form for general report	Ver						
Use this form for general report. Do not use this form to update in	and committee	se information, i	must be signed a	nd submitted alo	ng with other detailed forms.		
1. Committee Information	iformation.	in the state of th		and the second s	- Constitution of the Cons		
a. Full Name		···			the second states		
a. F.un ivaine			The second secon		c. ID Number		
COMMITTEE TO EL	200 X	E TIKE					
b. Mailing Address (include City, Stat		d. Date Filed					
3148 GARDEN RD. BURLINGON, NE		18-30-17					
		e. Phone Number					
	**************************************				(336)584-6159		
2. Report Year 3. Period Start	Date (mm/dd	/yy) 4. Period I	End Date (mm/dd	/vy) 5. Treasur	er Full Name		
2017 9-26-1	in	1		li .			
6. Type of Committee (Check C	<u>/</u>	In Turn of Day	3-17	WOE A	TICKLE		
Candidate Campaign Part		9. Type of Rep Municipal	ort (check only	one type of repo	ort from one category)		
	y erendum		State/Co		Referendum		
No.		Organizationa		anizational	Organizational		
Legal Expense Fund	t Fundraiser	Thirty-five da	y Qua	rterly	Pre-referendum		
Legal Expense rund	1	Pre-primary	닏	First	Final		
7 T-ma of F 1 (10 11 11		Pre-election		Second	Supplemental Final		
7. Type of Fund (if applicable,	check one)	Pre-runoff		Third	Annual		
Booster Fund	ļ	Semi-annual		Fourth	Special Special		
Building Fund	1	☐ Mid Yea	r Sem	i-annual			
	1	Year End	ı   <u> </u>	Mid Year	10. Special Report Name		
Other:		☐ Final		Year End	an opening the port of interest		
8. Number of Fundraisers this	Report	Special	Fina				
			☐ Spec				
11. Account Information							
a. Financial Institution Full Name	<del></del>		11. Account Information a. Financial Institution Full Name				
. /			a, r manciai insuu	ution Full Name			
Weils FARED Book	2 8019						
b. Purpose	c. Account Cod	de	b. Purpose		c. Account Code		
_							
anna med	d. Period Begi	n Balance	j		d. Period Begin Balance		
Camparen	· · · · · · · · · · · · · · · · · · ·						
CERTIFICATION	\$ 3931	4,14			\$		
Legify that the Committee or Fur	ad is in compli	ance with all anni	icabla musuisiona	- C A ! - 1 - 00 A - 00	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
I certify that the Committee or Fun of the NC General Statutes and the	at no funde are	commingled with	icable provisions	of Article 22A, 22	B & 22D-22M of Chapter 163		
of the NC General Statutes and tha report is complete, true and correc	it no tunus are	comminged wan	prombited or our	er non-disclosed fi	ands. I further certify that this		
	t and mat i nav	re been trained by	the INC State Boa	ard of Elections.			
DE A. TICKLE	Ę		1 1.6	12	1		
Drived No. 661		fix 1	7. June		10:30-11		
Printed Name of Sign	er Proposition	Sig	nature of Appointed	Treasurer	Date		
FOR OFFICE USE ONLY	looled		$\Omega$	1			

Printed Name of Signer

OR OFFICE USE ONLY

Date Received: |0/30/17 | Employee: | Delivery Method | Normal Mail | Registered Mail | Hand Delivered | Hand Delivered | Employee: | G | Electronically Filed | Date Data Entered: | Employee: | G | 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.

CRO-1000

NC State Board of Elections

August 2008

Detailed Summary	Amendment  Yes No		
Use this form to summarize all disclosure reporting forms and		-	
1. Committee Full Name (and Fund if applicable)		ID Number	
COMMITTEE TO ELECT JOE TICKLE	FRE E	CECTIAN	
Start of Election Cycle: January 1, 20/5	<del>-</del>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		s 3.732.14	\$O _
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$ 20.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	S	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$ 60,000.00 \$
11) Other Receipt Sources	,		Ψ
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,	lid and lie)	'	\$ 6.030.00
<u>EXPENDITURES</u>			1 + E/O. 0. VICO
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 793.92	\$ 3001.78
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	S	\$
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)	S	\$ 20,00
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1:	5, 16 and 17)	s 793.92	\$ 3181.78
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 2,938.27	\$ 2938.77
ADDITIONAL INFORMATION			7
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ O	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ Ø	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 5	
25) Administrative Support	(CRO-1710)	\$ 0	\$
26) Forgiven Loans	(CRO-1440)	\$ 0	\$
	(CRO-2220)	\$ 0	\$
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ .

Disbursem	ients				Pg of		Amendment  Yes No
Use this form to	o report expenditures	from the commit	tee for (	operating ex	penses, contribut	ions t	o candidate/political
committees and	l coordinated party ex	xpenditures		"F 0	p		o canalanto pontica.
1. Committee I	Full Name (and Fun	d if applicable)					2. ID Number
Commo	TES TO ELEC	CT JOE 7	TOKI	£			
3. Type of Disb	oursement (Please	e use separate Ck	₹ <i>0-131(</i>	0 forms for a	each type of Disl	bursei	ment.)
Operating Exp		ntributions to Candida					ed Party Expenditures
4. Payee Inforr				Add 🔲	Remove	****	
a. Full Name, M	Aailing Address & Ph	ione		b. Coordinat	ed Committee Nam	e	d. Comments
(include city, state	, & zip)						
THE ALAMANCE NEWS PO GOX 431 GRAMM, N.C. 27253				c. Level Regi	stered (Specify)  County:	ality-	e. Election Sum to Date
					L. Inamorpa	anty.	
(326/21	18-7851						\$3/4,70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
					\$ 7.		<u> </u>
J	CHECK		10-	3-17	\$3/4.70	NE	WSPAPER ADV.
4. Payee Inform	ويستنصب أورش والمساورة والمساورة			Add $\square$	Remove	]/	TOURING TO SERVICE TO
	ling Address & Phone				ed Committee Name	- 10	d. Comments
(include city, sta	-						. Commons
WBAE-				c. Level Regi	ctored (Specify)		
RO BOX	2450			c. Level Registered (Specify)  Federal County:			
Break NEVE (32) 226	M, NC 3721	6-2450		State	Municipa	dity:	* DECEMBER 180,00
f. Account Code	g. Form of Payment		i. Date (	nm/dd/yyyy)	j. Amount	lic Re	quired Remarks
テ		4		5-17	\$ 108:00		OID ADVERT,
	CHECK	//	100	'7/	\$ 100.00	KATE	OND OTHURSES !
3	CHEEN				\$		
4. Payee Inforn	nation			Add 🔲	Remove	J	
a. Full Name, Mail	ling Address & Phone						d. Comments
(include city, sta	te, & zip)						
AFFICE	PERIT						
	1 10 777	16			stered (Specify)		
TURLINGT	DN, IVC ZIZ			Federal	County:		
(3%) 77	DENT DN, NC 272 26-6/22			State	Municipa	lity:	e. Election Sum to Date
( )	· C co						\$ <i>5133</i>
f. Account Code	g. Form of Payment	h. Purpose Code	lt Date (	l mm/dd/yyyy)	j. Amount	L Re	quired Remarks
11 / 12000	DEBIT CALD	In a dr pood as as				K. KC.	цигеи кешагаз
	JEDII (NI-1)		107	9-17	\$ 5.33		
					\$		
5. Total only th	is Page					1	\$
	CRO-1310 Pages				i kan	1	<u> </u>
and the second s		mary Page CRO-11	nn if One	wating Evnous	. · ·	ale and a second	793.92
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						\$ /////	
	line 13c of Detailed Sum					,	
	odes (List detailed					***************************************	
A* - Media	B* - Printin			undraising	D - To	Anoth	ner Candidate
E - Salaries				olitical Party  H* - Holding Public Office Expenses			
I - Postage			,				on to Legal Expense Fund

Disbursem Use this form to	report expenditures	from the commit	tee for c	operating exp	Pg of penses, contributi	Amendment Yes No ions to candidate/political	
committees and	coordinated party ex Full Name (and Fun-	penditures .		148 - 148 - 148 - 148 - 148 - 148 - 148 - 148 - 148 - 148 - 148 - 148 - 148 - 148 - 148 - 148 - 148 - 148 - 1			
17				A		2. ID Number	
	TEE TO EL						
3. Type of Disb		e use separate Ck				bursement.)	
Operating Exp		tributions to Candida	ates/Politi			ordinated Party Expenditures	
4. Payee Informa. Full Name. M	nation Iailing Address & Ph	- CODE	<u> </u>	Add	Remove	. II C	
(include city, state,	•	One		D. Coorumau	ed Commuttee Ivania	e d. Comments	
2 0							
C. Level Registered (Specify)							
SRS S, MAIN ST.  BURLINGON, NO 37215				Federal State			
	· ·	9		L State	Miunicipa	20	
	22-07/7					\$365,39	
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	j. Amount	k. Required Remarks	
J	DEBIT CARD		10.9	9-17	\$265		
					\$		
4. Payee Inforn	nation	<u> </u>		Add	Remove		
a. Full Name, Mail	ing Address & Phone				ed Committee Name	e d. Comments	
(include city, star	te, & zip)						
BURLINGUAN SHOWNE CLUSS BURLINGUAN, N.C. 27215				c. Level Registered (Specify)  Federal County:  State Municipality: e. Election Sum to Date			
						\$ 100,00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks	
5	CHECK	A	10.5	5-17	\$ 100.00	ADVERTISING	
					\$		
4. Payee Inforn	l nation	1		Add 🔲	Remove		
	ing Address & Phone		- Income		ed Committee Name	e d. Comments	
(include city, stat	=						
·	•			c. Level Regis  Federal  State	stered (Specify)  County:  Municipa	ality: e. Election Sum to Date	
İ						\$	
P A servert Code	E E D	b. D	1. 32.4	1	r		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Required Remarks	
		<del> </del>	<u> </u>		\$		
					\$		
5. Total only th	is Page					\$	
6. Total of ALL	CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
					Expenditures)		
7. Purpose Codes (List detailed expenditure code in (h.) above)  A* - Media B* - Printing C* - Fundraising D - To Another Candidate							
A* - Media B* - Printing C* - Fundraising D - To Another Candidate  E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses							
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund							
O* Other	_					ommon to Begui Expense I and	