

## **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:	015-010
Committee Name:	reople for Bair
Treasurer Name:	Richard Blair Helms
Treasurer Address:	807 Sccata Lnc
(include city, state, & zip)	Mebane, NC
	27302
Treasurer Phone:	919-530-9993
election cycle under the pro until the end of the election expenditures during this ele of elections and file required THIS DECLARATION CA	nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports.  N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.  Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.  By Many Signature
	NECEIVED

JUN 18 2025

ALAMANCE COUNTY BOARD OF ELECTIONS

## **Statement of Organization - Candidate Committee**

Is this sta	tement:	
New	☐ Amended	

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

This form must be accompanied	y form CRO-3500	. An amended form is required for each new election year	r.
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Time form mass be accompanied by form cite 3500. This ame	maca form is required for	each new election year.	_
1. Committee Information			
a. Name of Committee  People, For Blank		d. ID Number	
, eape			
b. Mailing Address (include City, State and Zip Code)	2,7302	e. Date Organized	
o coma prin healic, No	D1000	06/16/2025	l
c. Committee Website (Optional)		f. Phone Number	
		919-530-9993	
2. Candidate Information			1
a. Full Name	e. Party Affiliation	DEOF	
Richard Blair Helms III	Democrat	RECE	IVED
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
807 Socata. In. Metare, NC 27302	Mebare City	Carrail JUN 18	
c . Phone Number9443 d. Email Address	g. Next Election Year	h. JurisdictionBOARD OF EL	COUNTY
919-530-963 legenterhica legenderhica.co	1925	10 )	ECHONS
Email copy of report notices	(92)	11 lunicipal	
3. Treasurer Information	4. Assistant Treasurer I	nformation	
a. Full Name	a. Full Name		
Richard Glair Helms III			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include C	City, State and Zip Code)	
807 Socata Ln. Melane, NC 27302			
c. Phone Number d. Email Address		nail Address	
914-530-9993 legentorhire @legentorhire, con			
Send report notices by email Yes No	☐ Email copy of report:	notions	
5. Custodian of Books Information (Keeper of Records)	6. Account Information		
a. Full Name	a. Financial Institution Full N		
	United ted Prot (	redit Union	
b. Mailing Address (include City, State, and Zip Code)	WITH A TOUCH	QW CV	
c. Phone Number d. Email Address	b. Account Code c. Typ	ne ·	
a chiai (MIII)	A I	Λ Λι .	
☐ Email copy of report notices	1  \//C4	worket Checking	
<b>—</b>	1,001	TO CVICUR OF	
I certify that the Committee is in compliance with all applications	able provisions of Article 2	22A of Chapter 163 of the NC	
General Statutes and that no funds are commingled with pro	hibited or other non-disclo	osed funds. I further certify that	
this report is complete, true and correct.	CAN 1	66.	
Richard SaicHelms II of Jugar	William _	6/18/2025	
Printed Name of Treasurer Sig	nature of Appointed Treasurer	Date	
I certify that the information above is correct, and I, as the ca	ndidate appoint said treas	urer to personally fulfill the	
duties and responsibilities imposed upon the appointed treasur			
163 of the NC General Statutes.   M	0' N/	f ( , o , r	
Kichard Blair Helms III 18,9/16	an believe	H18/7.025	
Printed Name of Candidate	Signature of Candidate	Date	