Statement of Organization - Candidate Committee

Is this st	ateme	nt:	
New		Amended	

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

This form must be accompan	nied by form CRO-3500.	An amended form is required	for each new election year.

1. Committee Infor	mation				
a. Name of Committee				d. ID Number	
Committe	Ce TO Elect Time [Inde City, State and Zip Code] NINTH ST MEBANX [Dotional]	BRADLEY			
b. Mailing Address (inc	e. Date Organized				
112 N	1/9/2025				
c. Committee Website (Optional)	,		f. Phone Number	
2. Candidate Infori	nation				
a. Full Name		e. Party Affiliation			
J. Br. 2011		7			
Timothy LYNN BRADIES b. Mailing Address (include City, State, and Zip Code)		DemcQAT f. Office Sought			
712 N	WINTER ST MEBASEN	CITY COUNCIL			
c . Phone Number	d. Email Address	g. Next Election Year	h	. Jurisdiction	
9193165135	time NCS FAICOM	2025			
Email copy of re			Annual Total		
3. Treasurer Inform a. Full Name	nation	4. Assistant Treass	irer intor	mation	
	_	a. Fun Name	San Carlotte Commence		
TIMOTHY L	YNN BRADLEY				
b. Mailing Address (incl	ude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)			
712 N WINDTH ST, 27302					
	d. Email Address	c. Phone Number d. Email Addr		ddress	
Send report no	tices by email Yes No	☐ Email copy of r	eport notic	ees	
	oks Information (Keeper of Records)	6. Account Information (incl. CRO-3500)			
a. Full Name		a. Financial Institution Full Name			
h Mailing Address (incl	ude City, State, and Zip Code)				
b. Maming Address (incl	ude City, State, and Zip Code)				
DI 11 1		1 1 1 1 1 1 1			
c. Phone Number	d. Email Address	b. Account Code	c. Type		
☐ Email copy of re	eport notices		4		
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.					
Printed Name of Treasurer Signature of Appointed Treasurer Date					
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.					
Imothy LYNN BRADLEY Jundly Lym Gearly 1/9/2025					
Printed 1	Name of Candidate	Signature of Candidate	U	Date	



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: Committe To Elect Tim Bradley Tim Bradley (self) Committee Name: Treasurer Name: 712 N. Ninuth St. Treasurer Address: Melane NC 27302 (include city, state, & zip) 919-376-5135 Treasurer Phone: 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.