



NORTH CAROLINA STATE BOARD OF ELECTIONS

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:

Committee Name: RICHARD N. (RECIY) READ

Treasurer Name: RECIY READ

Treasurer Address: 3392 NC 87 N ELON, NC 27244

(include city, state, & zip)

Treasurer Phone: 336-516-0989

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.

7-2-26
Date Signed

RECEIVED Full Read
Signature

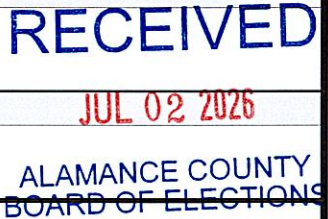
JUL 02 2026

ALAMANCE COUNTY
BOARD OF ELECTIONS

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
RICHARD N. (RICKY) REED			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3392 NC 87 N. ELON, NC 27244		7-2-26	
c. Committee Website (Optional)		f. Phone Number	
		336-516-0989	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
RICHARD N. (RICKY) REED		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3392 NC 87 N ELON, NC 27244		ALAMANCE COUNTY SO2 + WATER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-516-0989	RICKY@REED.Y.AHO.CO		
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
			JUL 02 2026
<input type="checkbox"/> Email copy of report notices			
			
<p>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.</p>			
_____		_____	
Printed Name of Treasurer		Signature of Appointed Treasurer	
_____		_____	
Printed Name of Candidate		Signature of Candidate	
RICHARD N. REED		Richard N. Reed	
_____		_____	
Printed Name of Candidate		Date	
		7-2-26	