Statement of Organization - Candidate Committee

Is this sta	atement:	
New	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.

a. Name of Committee Committee to elect Donald Lichy B. Malling Address (include City, State and Zip Code) Lichard Committee Website (Optional) E. Party Affiliation Town of the City, State, and Zip Code) L. Prome Number L. Small Address E. Party Affiliation Town of the City, State, and Zip Code) L. Office Sought L. Office S	[k.Committee]Information					
B. Mailing Address (include City, State, and Zip Code) WHYS Corners of the Dr. Committee Website (Optional) E. Committee (City, State, and Zip Code) E. Phone Number E. Phone Number E. Phone Number E. Committee (City, State, and Zip Code) E. Phone Number E. P	a. Name of Committee			d. ID Number		
### Corners of the Committee Website (Optional) c. Committee Website (Optional) c. Committee Website (Optional) d. Phone Number 2. Can-thought Ticky Regulation Donald Ticky Regulation D. Mailing Address (include City, State, and Zip Code) ### Sq. Corners for the Dr. c. Phone Number d. Email Address g. Next Election Year A lamance willage 3. Sanstanci Licasur estimation 3. Full Name Donald Dree Ticky b. Mailing Address (include City, State, and Zip Code) ### Sq. Corners for Dr. c. Phone Number d. Email Copy of report notices Scand report notices by cmail Yes No Scand report notices by cmail Yes No Scand report notices by cmail Yes No Email copy of report notices J. Corners for Dr. Scand report notices by cmail Yes No Scand report notices by cmail Scand report notices by cmail Scand report notices D. Account Code C. Type ALAMANCE COUNTY SCAND OF ELECTIONS Email copy of report notices 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. Date M. B. Ticky Date		1:0her				
E. Committee Website (Optional) E. Phone Number 376-269-4780 B. Mailling Address (include City, State, and Zip Code) E. Phone Number A. Full Name E. Party Affiliation Republican B. Mailling Address (include City, State, and Zip Code) E. Phone Number A. Full Name Donald Bruce Ticky B. Mailling Address (include City, State, and Zip Code) E. Phone Number A. Full Name Donald Bruce Ticky B. Mailling Address (include City, State, and Zip Code) HT59 Corner Tone Prome Number A. Email Address C. Phone Number B. Mailling Address (include City, State, and Zip Code) HT59 Corner Tone Prome Number A. Email Copy of report notices S. Gard report notices by email Yes No Email copy of report notices B. Mailling Address (include City, State, and Zip Code) Email copy of report notices E. Phone Number A. Account Code C. Type ALAMANICE COLUMETY BOARD OF ELECTIONS Email copy of report notices 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 Treasure Signature of Appointed 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. Date M. B. Ticky Date M. B. Ticky A. Address Survey and S				e. Date Organized		
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a. Full Name C. Party Affiliation Republican Republ	c. Committee Website (Optional)		٠.	f. Phone Number		
a. Full Name C. Party Affiliation Republican Republ				336-269-4202		
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	Printed Name of Candidate	Signature of Candidate	$\overline{\gamma}$	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:				
Committee Name:	Committee to elect Donald Ticky			
Freasurer Name:	Donald B Ticky			
Γreasurer Address:	4459 Cornerative Dr			
include city, state, & zip)	Burlington NC 27201			
Treasurer Phone:	336 -269-4202			
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				
	g of the current election cycle. I further agree to file all future reports required.			
Date Signed	Signature			