Statement of Organization - Candidate Committee

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図	New		Amended	

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

This form must be accompanied by form CRQ-3500. An amended form is

This form must be accompanied by form CRO-3500. An am	ended form is requir	red for eac	ch new election year.
1. Committee Information.			
a. Name of Committee			d. ID Number
DCK-4 HR 11 C/Gy OF Grah CO b. Mailing Address (include City, State and Zip Code)	<u> </u>		
7		<u> </u>	e. Date Organized
2501 TREPERSYONE OF			7-7-2025
c. Committee Website (Optional)			f. Phone Number
			366516 038
2. Candidate Information			
a. Full Name	e. Party Affiliation		estate Section Programme
Rick-) Carnell HAII	U	\wedge	· · · · · · · · · · · · · · · · · · ·
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
2501 PEPPPRSTONE dir	City C	our	cile member
c. Phone Number d. Email Address	g. Next Election Year	*	h. Jurisdiction
c. Phone Number d. Email Address 3×65/6-0387 3+000000000000000000000000000000000000			
DIVION BICHTICALLOCIC CON	4 ク	62.3	Gagnam
Email copy of report notices 3. Treasurer Information			
a. Full Name	4 Assistant Tirea a. Full Name	surer ana	ormation 2000 100 100 100 100 100 100 100 100 10
	4: Sun Dame	Territoria	The State of the S
Ricky Hall			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (i	nclude City	, State and Zip Code)
2501 PERPORSYONE OR			
c. Phone Number d. Email Address	c. Phone Number	d. Email	Address
6 S16 0387			
Send report notices by email Yes No	☐ Email copy of	report not	ices
5. Custodian of Books Information (Keeper of Records)			(incl. CRO-3500).
a. Fúll Name	a. Financial Institutio	n Full Nam	en Maria
b. Mailing Address (include City, State, and Zip Code)		- Malaki	
			JUL 11 2023
c. Phone Number d. Email Address	b. Account Code	c. Type	PLAMANGE COUNTY
1993			COMED OF ELECTIONS
☐ Email copy of report notices	<u> </u>	<u> </u>	
I certify that the Committee is in compliance with all applic General Statutes and that no funds are commingled with prothis report is complete, true and correct.	able provisions of A	article 22 <i>A</i> n-disclosed	A of Chapter 163 of the NC d funds. I further certify that
Printed Name of Treasurer Sis	gnature of Appointed Tre	oggurer	- Data
TAMES THE OF TENDERAL SI	sharare of Appointed Tre	asutči	Date
I certify that the information above is correct, and I, as the ca	ndidate, appoint sai	d treasure	r to personally fulfill the
duties and responsibilities imposed upon the appointed treasu	rer and subject to th	e penaltie	s in Article 22A of Chapter
163 of the NC General Statutes.	_ 9	m.	•
RICKY C X/AI) RICH	80 C Hal	\mathcal{X}	フ ~フーフ.> 【
Drivet d Name of Constitute	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	, 	<u> </u>

CRO-2100A

NC State Board of Elections

November 2019



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:	Ricky Hall City of Graham Self
Treasurer Name:	self'
Treasurer Address:	2501 PepperStone Dr.
(include city, state, & zip)	2501 Pepperstone Dr. Graham NC 27253
Treasurer Phone:	336-516-0387
election cycle under the produntil the end of the election of expenditures during this elections and file required THIS DECLARATION CAN	NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.
to file the next scheduled r	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.
7-7-72	P. A DHA

Date Signed