

Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment No. Yes Yes

This form must be accompanied by forms CRO-3100 and CR	O-3500 (when amending, only	re-submit if applicable).					
1. Committee Information	a characteristic and com-						
a. Full Name	湖。	c. ID Number					
RICKY SPENCER PRINKETT		NCQBUQ					
b. Mailing Address (include City, State and Zip Code)	religion de la companya de la compa	d. Date Organized					
902 FALCONBRIDGE ROAD		07-05-2013					
RURAL HALL INC 21045		e. Phone Number					
		3366245470					
2. Candidate Information	Candidate	e's Primary Committee 🐉 🚳 💞					
a. Full Name	e. Candidate ID Number	f. Party Affiliation					
The control of the co		1. 0					
RICHY SPENCER PRINKETT	NCQØUQ	(Indicate Non-partican if applicable)					
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	医肾髓 医骨髓 医二重性性					
902 FALCONBRIGGE RD,	RUBAL HALL	·					
Rural HALL NC 21045	TOWN COUNCER	34 N					
c : Phone Number d : Email Address	h. Next Election Year i	Jurisdiction					
336							
6245470 RPLUMET ORUBALHALL. CA	1 3.12	RH					
☑ Email copy of notices	2013	izra					
3. Treasurer Information	4. Custodian of Books Inforn	nation					
a, Full Name	a: Full Name						
Day Day Of	Province 50-11-0	2					
KICKY SPENCER YAMKETT	KICKY SPENCER'F						
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, St						
902 FALCONBRIDGE RP.	902 FALCONBRIDGE RD.						
Karal 144U NC 27045	Kullac /44(L N c. Phone Number d. Email Ad						
336	386						
624. SADO RPLUMENT @ RUPAL/HALL, CO	Many Re	STOROLLIAN CA					
I prefer to receive notices by email \ \mathbb{X} Yes \ \Box\text{No.} No.	Email copy of notices	SU SI MEALPHIC, CO					
5. Assistant Treasurer Information Add	6. Account Information (m	tcl, CRO-3500)					
a, Full Name Remove	a. Financial Institution Full Name	Remove					
2. A. H. 2. A. H. A. H. S. S. S. H. S.		Particular de la contrata del contrata del contrata de la contrata del contrata del contrata de la contrata del contrata del contrata de la contrata del contr					
	00	*;					
b. Mailing Address (include City, State, and Zip Code)	b. Purpose						
		-n 🐱					
•		m a d					
	erania de la constanta de la c						
c. Phone Number d. Email Address	c. Account Code d. Type						

		m P					
Email copy of notices	i de la contraga de contraga de la compansión de la compa						
CERTIFICATION Leastify that the Committee or Fund is in compliance with all amplicable provisions of Article 22A, 22B & 22D-22W of							
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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 Signer	nature of Appointed Treasurer	<u>6205 2013</u>					
Time Time of Digital	· · · · · · · · · · · · · · · · · · ·						



2013 JUL 10 PM 1: North Carolina

RECEIVE State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:		
Candidate Name:	RICKY S. PRUKETT	_
Treasurer Name:	RICKY J. PLANKETT	_
Treasurer Address:	902 FACCONBRIDGE ROAD	_
(include city, state, & zip)	RUPAL HALL NC 27845	_
		_
Treasurer Phone:	3310 624 5470	_

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

FORSYTH COUNTY IN ARB OF ELLOTIONS



COPY

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North Carolina State Board of Elections

> 441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

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.

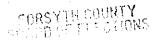
This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:
Committee Name: KIRKY S. PLUKETT
Committee Name: KIRKY S. PLUKETT Treasurer Name: RCKY S. PLUKETT
Treasurer Address: 902 FALCONBRIDGE ROAD
(include city, state, & zip) Rupac Hau NC 27045
Treasurer Phone: 336 624-5470
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.
M. 05-2018 Date Signed Pel Struck Signature
Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed

CRO-3600

Certification of Threshold

May 2013







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State Board of Elections

RECEIVED

Kim Westbrook Strach Executive Director

CRO-3500

441 N Harrington Street Raleigh, NC 27603

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

May 2013

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts

	establ	ished by the committee a	and must accompany the S	Statement of	f Organization Form	Junto
	FILED BY:					
	Committee Na	me: Bicky	5. PLUNKE	17		
	Treasurer Nan	ne: Ricky	S. PLUNKETT			
	Treasurer Add	ress: <u>902 /</u>	FALCONBRIDGE	ROAD)	
	(include city, stat	e, & zip) Rupa (Hu NC			
	Treasurer Pho	_	624.5470			
nan	ned Committee. T	hese account numbers i	s true and accurate. I am nelude all bank accounts t used for any purpose by t	utilized, ci	redit card accounts.	tion for the above money market or
Eac Eac	vided is only used h treasurer (or c a	for the purposes of an a andidate) must designa	dered confidential and is a audit or investigation or a ate below an account co	as required ode (any n	by a court of compumber or letter or	etent jurisdiction. combination of
code	e," confidentiality o	f the account number is	account number on report presumed to have been wa	orts. If an a nived.	ecount number is use	ed as the "account
The	treasurer shall mai	ntain all moneys of the pand shall not commingle	oolitical committee in a bate those funds with any other	ank account	or bank accounts us	ed exclusively by
	pe of account	Financial Institution	Address		Account Number	Account Code
		,				
					<u> </u>	
	By signing this sta	tement, I authorize agen	ts of the State Board of El	lections to i	nspect all accounts p	rovided.
					,	
	Date Signed			Signature	of Candidate or Treasurer	-
	For Candidate Co	ommittees Only				
X	except that which	is the candidate's perso	certify that this committee onal funds. I furthermore count that is being used for	understand	that an audit or inv	pend any money estigation could
	By signing this sta	tement, I authorize agent	ts of the State-Board of Ele	ections to in	ispect applicable acc	ounte

Certification of Financial Account Information