



2013 DEC 18 PM 1: 03

RECEIVED

TORSYTH COUNTY BOARD OF SLECTIONS

Kim Westbrook Strach Executive Director North Carolina State Board of Elections 441 N Harrington Street Raleigh, NC 27603

> 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:	MCHONE FOR MAYOR	
Treasurer Name:	BILLY W MCHroze	
Treasurer Address:	1875 GRIFFIN Road	
(include city, state, & zip)	RUTAL HALL NC 27045	

## Treasurer Phone:

Check One:

V 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.

336-969-6569

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.

December 16 - 2013 Date Signed

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

COPY				
Statement of Organization - Candidate (	Committee Forsym	Amendment		
Use this form to create a new or update an existing candidate committee.				
This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit applicable).				
1. Committee Information a. Full Name		- DINuffgr		
	<u>98800000000000000000000000000000000000</u>			
Billy W MCHOHC MCHOHC For Mayor RECEIVED b. Mailing Address (include City, State and Zip Code)				
1875 GRIFFIN ROAD KURAI NALL NC 27045				
KUNDI NALK NOC 27045	e. Phone Number			
	336-969-6569			
2. Candidate Information	Candida	te's Brimary Committee		
a. Full Name	e. Candidate ID Number			
2		12morpat		
Billy W methante		(Indicate Non-partisan if applicable)		
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought			
1875 GRIFFIU Road	TODACCOVINC MAYOR			
c. Phone Number d. Email Address	h. Next Election Year i.	Jurisdiction		
336-969-6549 Mehonebe Windstream int	2015			
Email copy of notices	2017			
3. Treasurer Information	4: Custodian of Books Infor	mation .		
a. Full Name	a. Full Name			
Billy us mellone				
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)			
1875 GRIPPIN ROAL BURL NELL NG 27045				
c. Phone Number d. Email Address	c. Phone Number d. Email Ac	idress		
336-969-3569 MCHONOBOWINGFRONM. NET				
I prefer to receive notices by email 🔲 Yes 🔲 No 🛄 Email copy of notices				
5. Assistant Treasurer Information Add 6. Account Information (ncl. CRO 3500) Add a. Full Name Remove a. Financial Institution Full Name Remove				
	ier anender möttinnin Entillame:	Remove.		
	aligned and the state of Survey of the state			
b. Mailing Address (include City, State, and Zip Code)	b. Purpose			
· .				
	the state of the s			
c. Phone Number d. Email Address	c, Account Code d, Type			
Email copy of notices				
<b>CERTIFICATION</b>				
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.				
An I modere l'is	( ) Maller	11 - 2+ 2		
Printed Name of Signer Signature of Appointed Treasurer Date				
CRO-2100A NC State Boar	d of Elections	July 2011		