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

Amendment	
☐ Yes	No

This form must be a	ccompanied by forms CRO-3100 and CR	O-3500 (when amer	nding, only	y re-submit if applicable).
1. Committee Infor	mation			raya takin katan kalandari
a. Full Name				c. ID Number
Kahe	Locklier			
b. Mailing Address (incl	lude City, State and Zip Code)			d. Date Organized
2714 Sarah Are, Durham, NC 27707		7	7/3/14	
	,			e. Phone Number
				(270)705-4051
		7.7.7.7. 7.2.7. T 2.4.3.2 3.0.00		
2. Candidate Infort	mation	The second secon		te's Primary Committee
a. Full Name		e. Candidate ID Numbe	er	f. Party Affiliation
Katie L	yn Locklier			(Indicate Non-partisan if applicable)
b. Mailing Address (incl	lude City, State, and Zip Code)	g. Office Sought		
27/4 Sai	rah Are	5.161.1	L c	Supervisor
Durham	, NC 27707) 1011 3 W	cur	Juper Vise.
c . Phone Number	d. Email Address	h. Next Election Year	i.	Jurisdiction
(270)-205-4051	Katielaklier@gmail.com	2014	ŀ	Durham Co
☑ Email copy of no		2017		DUY Mam & C
3. Treasurer Inform	and the second s	4. Custodian of Bo	oks Infor	mation
a. Full Name		a. Full Name		
Katie L	yn Lockiver			
	lude City, State, and Zip Code)	b. Mailing Address (include Nov. Prace Bus De Ne)		
2714 Sar	ah Ave			
Durham, NC 27707		JUL 0 3 2014		
c. Phone Number	d. Email Address	c. Phone Number	d. Epa A	HAM BOE
(270)705-4051	Katielocklier Cogmail.com			Wir Wil DOL
I prefer to receive notices by email Yes No		Email copy o	f notices	
5. Assistant Treasu	rer Information Add	6. Account Information (incl. CRO-3500) Add		
a. Full Name	Remove	a. Financial Institution	Full Name	Remove
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Purpose		

			Ti m	
c. Phone Number	d. Email Address	c. Account Code	d. Type	
■ Email copy o	f notices	†		
CERTIFICATION			<u></u>	
I certify that the C	Committee or Fund is in compliance with	all applicable provis	ions of A	ticle 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.				
K too 1	-ocklier Ka	to da les	/ ₁ >	7/2/14
1111		unature of Appointed Tree	asurer	
Printe	d Name of Signer Sig	gnature of Appointed Trea	and Ci	• Date



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

JUL 03 2014 DURHAM BOE

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:	Katie Locklier	
Treasurer Name:	Katie Lockline	
Treasurer Address:	2714 Sarah Arenve	
(include city, state, & zip)	Durham, NC 27707	
	,	
Treasurer Phone:	(270) 705 - 4051	

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).

7/3/14 Date Signed

Signature of Candidate

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



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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:	Katie Locklier
Treasurer Name:	Katie Locklier Katie Locklier
Treasurer Address:	2714 Sarah Ave.
(include city, state, & zip)	Durham, NC 27707
	,
Treasurer Phone:	(270)705-4051
election cycle under the pro- until the end of the election expenditures during this elec- of elections and file required THIS DECLARATION CAI	nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. 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. Signature

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