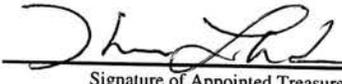


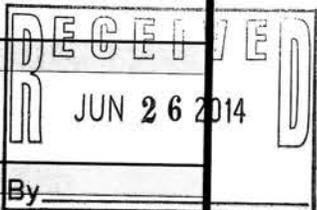
Statement of Organization - Candidate Committee

Amendment
 Yes No

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 if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
LUCKADOO FOR SCHOOL BOARD COMMITTEE		8DUUK6	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1422 BILLINGS DR. HICKORY, NC 28602		6/20/14	
		e. Phone Number	
		828-244-1034	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
THOMAS DAVID LUCKADOO		8DUUK6	NON-PARTISAN <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
1422 BILLINGS DR. HICKORY, NC 28602		CATAWBA COUNTY SCHOOLS BOARD OF EDUCATION	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828-244-1034	TOMLUCK@CHARTER.NET	2014	COUNTY
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
THOMAS DAVID LUCKADOO		THOMAS DAVID LUCKADOO	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1422 BILLINGS DR. HICKORY, NC 28602		1422 BILLINGS DR. HICKORY, NC 28602	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-244-1034	TOMLUCK@CHARTER.NET	828-244-1034	TOMLUCK@CHARTER.NET
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		PEOPLES BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		CAMPAIGN	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		TL-PBCK	CHECKING
<input type="checkbox"/> Email copy of notices			
CERTIFICATION			
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.			
<u>THOMAS LUCKADOO</u> Printed Name of Signer		 Signature of Appointed Treasurer	
		<u>6/26/14</u> Date	





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

RECEIVED
 JUN 26 2014
 By _____

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: THOMAS LUCKADOO
 Treasurer Name: THOMAS LUCKADOO
 Treasurer Address: 1422 BILLINGS DR.
 (include city, state, & zip) HICKORY, NC 28602

 Treasurer Phone: 828/244-1034

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).

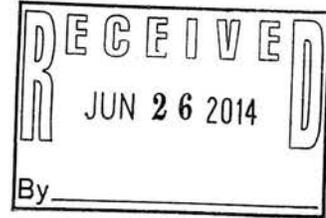
6/24/14
 Date Signed

Thomas Luckadoo
 Signature of Candidate

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



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



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 Executive Director

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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: Luckadoo for School Board Committee
 Treasurer Name: Thomas David Luckadoo
 Treasurer Address: 1422 Billings Dr.
 (include city, state, & zip) Hickory NC 28602

 Treasurer Phone: 828-244-0134

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.

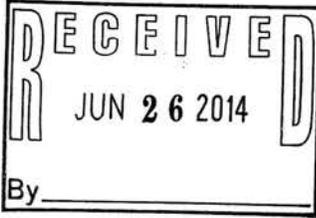
THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain 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.

06/20/2014
 Date Signed

Thomas D. Luckadoo
 Signature

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



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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: THOMAS LUKADOO
 Committee Name: LUKADOO FOR SCHOOL BOARD COMMITTEE
 Treasurer Name: THOMAS LUKADOO
 If Candidate is own treasurer, designate an agent to carry out designations: JAY ADAMS
 Committee ID #: 8DUUK6
 Level Registered: [State] [County] If county, specify: CATAWBA

I, THOMAS LUKADOO, hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>EXODUS HOMES</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: [Signature]
 Date: 6/24/14

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