

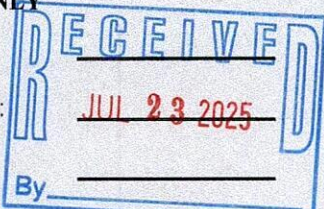
Disclosure Report Cover

Amendment

☐ Yes☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Information			
a. Full Name		c. ID Number	
Armstrong For Sheriff			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P.O. Box 101 Hickory, NC 28603		07/19/2025	
		e. Phone Number	
		(718-736-5848)	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	02/20/2025	06/30/2025	Anthony LiCausi
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
1			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Civic Federal Credit Union			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
All Campaign Expenses	WDA		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 21		\$
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 and that I have been trained by the NC State Board of Elections.			
Anthony LiCausi		07/19/2025	
Printed Name of Signer		Date	
FOR OFFICE USE ONLY			
Date Received:		Employee:	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Armstrong for Sheriff		Mid Year			
Start of Election Cycle:		January 1,		2025	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 21.00		\$ 21.00	
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>		\$ 1,010.43	
6) Contributions from Individuals		<i>(CRO-1210)</i>		\$ 746.20	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>		\$ 0	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>		\$ 0	
9) Loan Proceeds		<i>(CRO-1410)</i>		\$ 0	
10) Refunds/Reimbursements To the Committee		<i>(CRO-1240)</i>		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>		\$ 0.01	
11b) Contributions from Not-for-Profit Organizations		<i>(CRO-1250)</i>		\$ 0	
11c) Outside Sources of Income		<i>(CRO-1250)</i>		\$ 0	
11d) Legal Expense Fund – Other Sources		<i>(CRO-1270)</i>		\$ 0	
11 e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>		\$ 0	
12) TOTAL RECEIPTS		<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 1,756.64	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>		\$ 956.77	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>		\$ 0	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>		\$ 0	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>		\$ 0	
15) Loan Repayments		<i>(CRO-1420)</i>		\$ 0	
16) Refunds/Reimbursements From the Committee		<i>(CRO-1320)</i>		\$ 0	
17) In-Kind Contributions		<i>(CRO-1510)</i>		\$ 649.40	
18) TOTAL EXPENDITURES		<i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 1,606.17	
19) Cash on Hand at End		<i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 171.47	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>		\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>		\$ 0	
22) Debts and Obligations owed By the Committee		<i>(CRO-1610)</i>		\$ 0	
23) Debts and Obligations owed To the Committee		<i>(CRO-1620)</i>		\$ 0	
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>		\$ 0	
25) Administrative Support		<i>(CRO-1710)</i>		\$ 0	
26) Forgiven Loans		<i>(CRO-1440)</i>		\$ 0	
27) 48-Hour Notice Reports Sum		<i>(CRO-2220)</i>		\$ 0	
28) Contributions to be Refunded		<i>(CRO-1215)</i>		\$ 0	

Aggregated Contributions from Individuals

Page

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Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Armstrong for Sheriff						
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	WDA	Credit Card		02/25/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/06/25	\$ 38.54
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/06/25	\$ 48.25
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/06/25	\$ 47.85
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/06/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/07/25	\$ 38.54
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/07/25	\$ 38.54
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/07/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/07/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/07/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/07/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/08/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/08/25	\$ 38.54
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/08/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/11/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/13/25	\$ 9.41
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/13/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/14/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/18/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/19/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/19/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		04/19/25	\$ 28.83
<input type="checkbox"/>	Remove					
4. Total only this Page					\$ 692.12	
5. Total of ALL CRO-1205 Pages					\$ 1,010.43	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Page

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of

2

Amendment

☐

Yes

☒

No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Armstrong for Sheriff						
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	WDA	Credit Card		05/07/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		05/08/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		05/08/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		05/08/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		05/08/25	\$ 48.25
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		05/08/25	\$ 48.25
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		05/08/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		05/08/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Credit Card		05/09/25	\$ 28.83
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	WDA	Check		02/25/25	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
4. Total only this Page					\$ 318.31	
5. Total of ALL CRO-1205 Pages					\$ 1,010.43	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Armstrong for Sheriff						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Larry Fletcher 5160 Glendora Street Celina, Texas 75009 (214)551-7223 lfrapsd@aol.com			No Profession			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 96.80	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	WDA	Credit	N/A	05/10/2025	\$ 96.80	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lindsay LiCausi 220 Hardwood Drive Franklinton, NC 27525 (252)915-9245 oneflewover@live.com			No Profession			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 649.40	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	WDA	In-Kind	Website	04/03/2025	\$ 649.40	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 746.20	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 746.20	

Other Receipt Sources

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Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Armstrong for Sheriff					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Civic Federal Credit Union 3020 South NC Hwy 127 Hickory, NC 28602 (844)772-4842					
			c. Outside Source Explanation		
					e. Election Sum to Date
		\$ 0.01			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
WDA	Credit		05/30/2025	\$ 0.01	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
					e. Election Sum to Date
		\$			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
					e. Election Sum to Date
		\$			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 0.01	
6. Total of ALL CRO-1250 Pages				\$ 0.01	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Armstrong For Sheriff						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Freedom Customz 1960 U.S. Highway 70 SE Hickory, NC 28602 (305)610-3983					T-Shirts	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 900.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WDA	Credit	O	04/19/2025	\$415.40	Deposit	
WDA	Credit	O	05/18/2025	\$484.68	Remaining Balance	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Vistaprint 275 Wyman Street Waltham, MA 02451 (866)207-4955					Business Cards	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 56.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
WDA	Credit	B	03/24/25	\$56.69	Business Cards	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 956.77	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					\$ 956.77	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

In-Kind Contributions

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Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Armstrong For Sheriff		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Lindsay LiCausi 220 Hardwood Drive Franklinton, NC 27525 (252)915-9245	<input checked="" type="checkbox"/> Individual	Website, Domain
	<input type="checkbox"/> Candidate	Email Account
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$ 649.40
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Website hosting, domain, and e-mail.	04/03/25	\$ 649.40
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Website, Domain, and E-mail for one year	02/21/25	\$ 649.40
		\$
		\$
4. Total only this Page		\$ 649.40
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 649.40