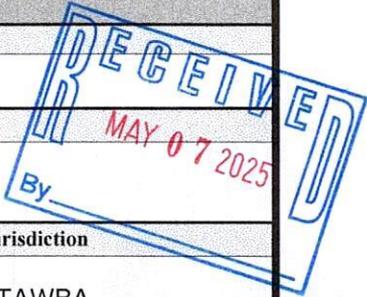


Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Armstrong For Sheriff			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO BOX 101 HICKORY, NC 28603		02/19/2025	
c. Committee Website (Optional)		f. Phone Number	
		828-460-0585	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Willie Duran Armstrong		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
		Sheriff	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-460-0585	Armstrongforsheriff2026@gmail.com	2026	CATAWBA
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Anthony LiCausi			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
220 Hardwood Drive Franklinton, NC 27525			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
718-736-5848	ant13398@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Anthony LiCausi		LGFCU	
b. Mailing Address (include City, State, and Zip Code)			
220 Hardwood Drive Franklinton, NC 27525			
c. Phone Number	d. Email Address	b. Account Code	c. Type
718-736-5848	ant13398@gmail.com	WDA	CHECKING
<input checked="" type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p>Anthony LiCausi _____ Printed Name of Treasurer</p> <p><i>A. LiCausi</i> _____ Signature of Appointed Treasurer</p> <p>5-7-25 5-6-2026 WA _____ Date</p> <p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p> <p>Willie Duran Armstrong _____ Printed Name of Candidate</p> <p><i>W. Duran Armstrong</i> _____ Signature of Candidate</p> <p>5-7-25 5-6-2025 WA _____ Date</p>			





NORTH CAROLINA

STATE BOARD OF ELECTIONS

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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Willie Armstrong

Committee Name: Armstrong For Sheriff

Treasurer Name: Anthony LiCausi

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Catawba County

I, Willie Armstrong, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
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).

<u>Name of Entity</u> <i>(Select from §163-278.16B(a))</i>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Catawba County Schools</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: 

Date: 5-7-25