

# Statement of Organization - Candidate Committee

Is this statement:



New



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.

a. Name of Committee <b>ELECT MIKE DALY</b>		d. ID Number <b>KK1584</b>
b. Mailing Address (include City, State and Zip Code) <b>419 VILLAGE DR. COLTSBORO</b>		e. Date Organized <b>7-8-25</b>
c. Committee Website (Optional)		f. Phone Number <b>919 920 3457</b>

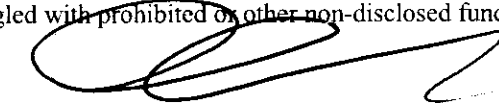
a. Full Name <b>MICHAEL DALY</b>		e. Party Affiliation <b>REP</b>	
b. Mailing Address (include City, State, and Zip Code) <b>419 VILLAGE DR. COLTSBORO 27534</b>		f. Office Sought <b>COUNCILMAN NC</b>	
c. Phone Number <b>919 920 3457</b>	d. Email Address <b>medaly@dalyspractice.com</b>	g. Next Election Year <b>2025</b>	h. Jurisdiction <b>WAYNE</b>
<input type="checkbox"/> Email copy of report notices			

a. Full Name <b>MIKE DALY</b>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <b>SAME</b>		b. Mailing Address (include City, State and Zip Code) <b>RECEIVED</b>	
c. Phone Number <b>919 920 3457</b>	d. Email Address <b>medaly@dalyspractice.com</b>	c. Phone Number <b>919 920 3457</b>	d. Email Address <b>medaly@dalyspractice.com</b>
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	

a. Full Name <b>SAME</b>		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code) <b>---</b>		b. Account Code	
c. Phone Number <b>---</b>	d. Email Address <b>---</b>	c. Type	
<input type="checkbox"/> Email copy of report notices			

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.

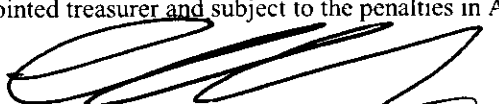
**MIKE DALY**  
Printed Name of Treasurer

  
Signature of Appointed Treasurer

**7-8-25**  
Date

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.

**MICHAEL DALY**  
Printed Name of Candidate

  
Signature of Candidate

**7-8-25**  
Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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.**

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

#### FILED BY:

Committee Name:

ELECT MIKE DACY

Treasurer Name:

MICHAEL DACY

Treasurer Address:

419 VILLAGE DR.

(include city, state, & zip)

COLLIER, NC 27531

Treasurer Phone:

919-920-5407

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 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.

7-8-15

Date Signed

Signature