



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

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

FILED BY:

Committee Name: RICKY OLIVER FOR SHERIFF
Treasurer Name: MARY REBEKAH SIMPSON
Treasurer Address: 5041 CENTER RD
(include city, state, & zip) JONESVILLE, NC 28642
Treasurer Phone: 336-469-6976

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.

5/3/2021

Date Signed

Mary Rebekah Simpson
Signature



Certification to Return to Active Status [CRO-3300]

Form Description

This certification is used by candidate, party, PACs and referendum committees which have previously filed the Certification of Inactive Status (CRO-3200) and now would like to return to active status.

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

Line-by-Line Instructions

Committee Name. Provide the full name of the committee.

Treasurer Name. Provide the full name of the treasurer.

Treasurer Address. Provide the address (including city, state and zip code) for the treasurer of the committee.

Treasurer Phone. Provide the phone number (including area code) for the treasurer of the committee.

* CERTIFICATION – The treasurer must certify the Certification to Return to Active Status (CRO-3300) by signing and dating this form.

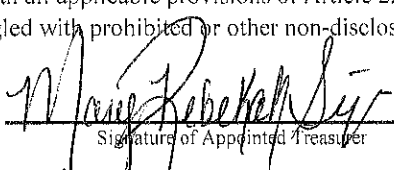



Statement of Organization - Candidate Committee

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	
RICKY OLIVER FOR SHERIFF			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
336 VIRGINIA DR YADKINVILLE, NC 27055		5/3/2021	
c. Committee Website (Optional)		f. Phone Number	
		336-679-4988	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
WILLIAM RICKY OLIVER		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
336 VIRGINIA DR YADKINVILLE, NC 27055		SHERIFF OF YADKIN COUNTY	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-679-4988	woliver@triad.rr.com	2022	YADKIN COUNTY
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
MARY REBEKAH SIMPSON			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
5041 CENTER RD JONESVILLE, NC 28642			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-469-6976	directorofmtm@yahoo.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	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input 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>			
MARY REBEKAH SIMPSON Printed Name of Treasurer		 Signature of Appointed Treasurer	
		5/3/2021 Date	
<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>			
WILLIAM RICKY OLIVER Printed Name of Candidate		 Signature of Candidate	
		5/3/2021 Date	



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	
Ricky Oliver for Sheriff		7K5835	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
336 Virginia Drive, Yadkinville, NC 27055			
c. Committee Website (Optional)		f. Phone Number	
		336-679-4988	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
William Ricky Oliver		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
336 Virginia Drive Yadkinville, NC 27055		SHERIFF OF YADKIN COUNTY	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-679-4988	woliver@trud.rr.com	2022	
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Mary Rebekah Simpson			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
5041 Center Road Jonesville, NC 28642			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-464-6976	directorofmtm@phco.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	
Mary Rebekah Simpson		First Horizon	
b. Mailing Address (include City, State, and Zip Code)			
5041 Center Road Jonesville, NC 28642			
c. Phone Number	d. Email Address	b. Account Code	c. Type
336-464-6976	directorofmtm@yahoo.com	WR022	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> <u>Mary Rebekah Simpson</u> <u>Mary Rebekah Simpson</u> <u>7/29/2021</u> Printed Name of Treasurer Signature of Appointed Treasurer 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> <u>William Ricky Oliver</u> <u>William Ricky Oliver</u> <u>7/29/2021</u> Printed Name of Candidate Signature of Candidate Date </p>			

