

MAY 06 2002

John K Swann
606 RAVENSWOOD RD
HAMPSHIRE NC 28443

PENDER COUNTY BOARD OF ELECTIONS
P.O. Box 1132
BURGAN N.C. 28425

DEAR MS PINION:

THE REPUBLICAN PARTY HAS RECEIVED THE RESIGNATION OF MR. DONALD HEATH AS A CANDIDATE FOR COUNTY COMMISSIONER. THE PARTY HAS MET AND ELECTED MR. BOB BEAS AS THE PENDER COUNTY REPUBLICAN PARTY NOMINEE FOR COUNTY COMMISSIONER FOR DISTRICT 3.

MR. BEAS WILL COME TO YOUR OFFICE TO FILL OUT THE NECESSARY PAPERWORK. IF I CAN BE OF ANY OTHER ASSISTANCE, PLEASE CALL.

John K. Swann
John K Swann
CHAIRMAN
PENDER COUNTY
REPUBLICAN PARTY

NICKNAME AFFIDAVIT

(NCGS 163-106 (a))

I, Robert W. Berg, having been duly sworn, hereby state under
(Legal name)
oath that I have been commonly known by the nickname, Bob,

for at least five years and request that my name be placed on the ballot as follows:

Bob Berg. In the event that another candidate with the same last
name as mine files notice of candidacy for the same office for which I am a candidate, my name should be
listed on the ballot as follows: Robert 'Bob' Berg
(Legal name and nickname)

[Signature]
Legal Name

Sworn to and subscribed before me

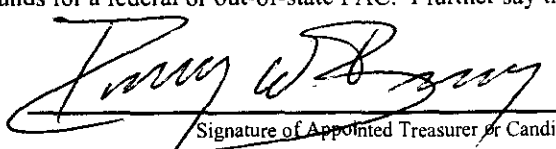
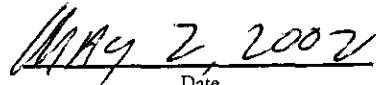
this 2nd day of MAY, 2002.

Gina Herring
Notary Public
My commission expires 9-3-06
Gina Herring
Notary Public
Pender County, NC

Statement of Organization

1. Name of Committee <i>Robert Berg</i>						7. Date <i>5-2-02</i>
2. Address of Committee <i>961 Scott Rd</i>						8. ID Number
3. City <i>Rocky Point</i>	4. State <i>NC</i>	5. Zip <i>28457</i>	6. Phone <i>910 259-4747</i>	9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Type of Committee (Check one and complete the respective information required below.)						
<input checked="" type="checkbox"/> 10. Candidate Committee <input type="checkbox"/> Primary Candidate Committee						
<i>(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)</i>						
a. Name of Candidate <i>Robert Berg</i>	b. Candidate ID Number	c. Office <i>County Commissioner</i>	d. Party Affiliation <i>Republican</i>	e. Dist/Cty/Mun <i>Dist 3</i>		
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser <input type="checkbox"/> Primary Candidate Committee						
a. If Fundraiser, Name of Event			b. If Fundraiser, Event Location			
c. Candidate Names			d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits
						%
						%
						%
						%
<input type="checkbox"/> 12. Party Committee						
a. Type (Check one)					b. Party	
<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate						
<input type="checkbox"/> 13. General Political Committee						
a. Category (Check one)						
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Health <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trade						
<input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Environment <input type="checkbox"/> Insurance <input type="checkbox"/> Minority <input type="checkbox"/> Utilities						
<input type="checkbox"/> Religious <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Legal <input type="checkbox"/> Information Tech/Telecommunications						
<input type="checkbox"/> Political Party not part of the Party Plan of Organization <input type="checkbox"/> Other:						
b. Type (Check one)			c. Definition of Type			
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose						
<input type="checkbox"/> Economic Interest						
d. Member Definition						
----- Connected Organization or Affiliated Committee -----						
e. Name		f. Mailing Address (include city, state, & zip)			g. Relationship	
<input type="checkbox"/> 14. Referendum Committee						
a. Name of Referendum			b. Referendum Date	c. Declaration (Check one)		
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose		

Statement of Organization

15. Treasurer Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Robert Berg	961 Scott Rd	Rocky Point	NC	28457	910 252-4747
g. Email Address					
16. Assistant Treasurer Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					
17. Custodian of Books Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Robert Berg	961 Scott Rd	Rocky Point	NC	28457	910 252-4747
g. Email Address					
18. Bank/Depository/Credit Account Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
g. Purpose				h. Code	
Election					
g. Purpose				h. Code	
19. Certification of Threshold (for Candidate and Party Committees Only)					
<input checked="" type="checkbox"/> I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.					
<input type="checkbox"/> I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.					
CERTIFICATION					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
 Signature of Appointed Treasurer or Candidate				 Date	

Pender County Committee Registration Log

DATE: 7-16-02

TO: State Board of Elections
Campaign Reporting Office
Post Office Box 27255
Raleigh, NC 27611-7255

FROM: Pender County Board of Elections
Post Office Box 1232
Burgaw, NC 28425

The following committee registered in Pender County no more than three (3) days ago. *-oops for*

Committee Name (Line 1 of Statement of Org): Robert Berg

Registration Date: 5-2-02
under threshold

If a Candidate Committee

- Candidate Name (Line 10a of Statement of Org): Bob Berg *
- Office Sought (Line 10c of Statement of Org): Dist. 3 Co. Commissioner
- Party Affiliation (Line 10d of Statement of Org): Republican
- District, County or Municipality (Line 10e of Statement of Org): Dist. 3

If a Political Action Committee (PAC)

- Committee Category (Line 13a of Statement of Org): _____
- Committee Type (Line 13b of Statement of Org): _____
- PAC type definition (Line 13c of Statement of Org): _____
- PAC member definition (Line 13d of Statement of Org): _____

If a Referendum Committee

- Name of Referendum (Line 14a of Statement of Org): _____
- Referendum Date (Line 14b of Statement of Org): _____
- Declaration of Position (Line 14c of Statement of Org): _____

Submitted by:

Frances P. Pinin

Director's Signature

7-16-02
Date

Director of Pender County Board of Elections

**replacement nominee for Donald Heath*

FAXED
7-16-02
919-715-8047
5:30pm
March 2002



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

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Robert W. Berg

Robert W. Berg

961 Scott Rd
Rocky Point, NC 28457

Treasurer Phone:

910-259-4747

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.

5/2/02

Date Signed

Robert W. Berg

Signature of Candidate



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

JAN 09 2003

Kimberly Westbrook
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification to Close Committee

FILED BY:

Committee Name: Committee to elect Bob Berg
 Treasurer Name: Robert W Berg
 Treasurer Address: 961 SCOTT RD.
 (include city, state, & zip) Rocky Point, NC 28457

 Treasurer Phone: 910-259-4747

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/7/03
 Date Signed

Robert W Berg
 Signature