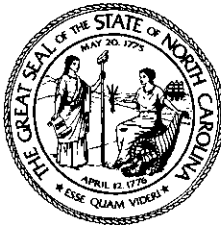


COUNTY BOARD OF ELECTIONS



**NOTICE OF CANDIDACY  
FOR LEGISLATIVE & COUNTY OFFICES  
2002**

TO THE PENDER COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as BOARD OF EDUCATION

District 1, in the DEMOCRATIC Party Primary Election scheduled for May 7, 2002\*. I  
(Name of Political Party)  
affiliate with the DEMOCRATIC Party, and I certify that I am now registered on the  
registration records of the precinct in which I reside as an affiliate of the DEMOCRATIC Party.

I further certify that I have not changed my political party affiliation within the past ninety (90) days, nor  
have I changed from "unaffiliated" status to my current affiliation within the past ninety (90) days.

I pledge that if I am defeated in the primary, I will not run for any office as a write-in candidate in the next  
general election.

805 EASTWOOD CT  
Residence Address  
BURGAN NC 28425  
City, State, Zip  
SAME  
Mailing Address  
City, State, Zip

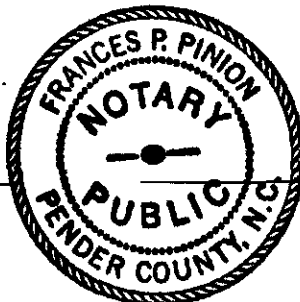
TOM ROPEN  
Name as it will appear on Ballot  
Thomas J Ropen  
Signature of Candidate  
910-259-9777  
Home Telephone  
910-259-2964  
Work Telephone

**Certification of Notice of Candidacy**

I hereby certify that TOM ROPEN, the candidate who signed above, personally appeared  
(Name as it will appear on Ballot)  
before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her  
signature to be the same.

This 19th day of February, 2002.

Frances P. Pinion  
Signature of Certifying Officer



Notary  
Title of Certifying Officer

My commission expires: 10-22-04

**Verification by County Board**

The undersigned has examined the voter registration records in Pender County and found  
Tom Ropen to be a registered voter, affiliated with the NP Party and  
that subject candidate has not changed his/her political party affiliation within the past ninety (90) days.

Pender  
County

2-19-02  
Date

Frances P. Pinion  
Chairman or Director

\*If pre-clearance of the Congressional, State Senate and State House District plans is not received by 10:00 a.m.  
February 18, 2002, the State Board of Elections shall postpone the filing period and the primary.

NICKNAME AFFIDAVIT

(NCGS 163-106 (a))

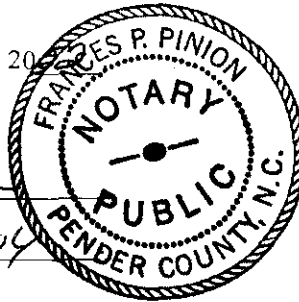
I, Thomas Jardine Roper, having been duly sworn, hereby state under  
(Legal name)  
oath that I have been commonly known by the nickname, Tom Roper,  
for at least five years and request that my name be placed on the ballot as follows:  
Tom Roper. In the event that another candidate with the same last  
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: Thomas J (Tom) Roper  
(Legal name and nickname)

Thomas Jardine Roper  
Legal Name

Sworn to and subscribed before me

this 19<sup>th</sup> day of February, 2008

Frances P. Pinion  
Notary Public  
My commission expires 10-22-09



# Statement of Organization

Page 1 of 2

1. Name of Committee <b>Tom Ropen</b>				7. Date <b>2-19-02</b>	
2. Address of Committee <b>805 EASTWOOD CT</b>				8. ID Number	
3. City <b>BURGAN</b>	4. State <b>NC</b>	5. Zip <b>28425</b>	6. Phone <b>910-259-9777</b>	9. Amendment <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Type of Committee** (Check one and complete the respective information required below.)

☒ **10. Candidate Committee** ☐ Primary Candidate Committee  
*(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)*

a. Name of Candidate <b>Tom Ropen</b>	b. Candidate ID Number	c. Office <b>BOE</b>	d. Party Affiliation <b>DEM</b>	e. Dist/Cty/Mun <b>1</b>
--	------------------------	-------------------------	------------------------------------	-----------------------------

☐ **11. Joint Candidate Committee or Fundraiser** ☐ 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
				%
				%
				%
				%

☐ **12. Party Committee**

a. Type (Check one)		b. Party
<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Subordinate		

☐ **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		

☐ **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

Page 2 of 2

## 15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Tom Roper	805 EASTWOOD CT	BURGAU	NC	28425	910-259-9777
g. Email Address					

## 16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

ROPER - T @ bell/south. nct

## 17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Tom Roper	805 EASTWOOD CT	BURGAU	NC	28425	910-259-9777
g. Email Address					

## 18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
FIE Southeast	Fremont ST	BURGAU	NC	28425	
g. Purpose				h. Code	
PERSONAL / campaign					
g. Purpose				h. Code	

## 19. Certification of Threshold (for Candidate and Party Committees Only)

- ☒ 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.
- ☐ 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

2-19-02

Date



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:

TOM ROPER

Treasurer Name:

TOM ROPER

Treasurer Address:

805 EASTWOOD CT

(include city, state, & zip)

BURGAN NC 28425

Treasurer Phone:

910-259-9777

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.

2/19/02

Date Signed

Thomas Roper

Signature of Candidate