NOTICE OF CANDIDACY (NON-PARTISAN) FOR **Topsail Beach Commissioner**

Date: <u>07/07/2003</u> Candidate ID: N1YQ6P

I hereby file notice that I am a candidate for election to the office of Tonsail Beach Commissioner

(Town of Topsail Beach) in the Carolina on 11/04/2003.	ne <u>municipal elections</u> to be held in <u>To</u>	own of Topsail Beach, North
I request that my name appear of	on the ballot as follows:	Mark Sloan
Troquest man my mame appear o	· · · · · · · · · · · · · · · · · · ·	ease print or type name above)
Residential Address 1105 Channel Blvd	Mailing Address (if different) PO Box 3164	Telephone Number(s) (910) 259-1250
Street Address	Street Address	Business
Topsail Beach NC 28445	Topsail Beach NC 28445	(910) 328-0744
City, State, Zip	City, State, Zip	Home
	Chrules in Slow	Cell
	Signature of Candidate (legal name)	
before me this day and signed before Sworn to and signed before	Certification of Notice of Candidacy ark Sloan, the candidate who signed about my presence. me this 7th day of July, 2003. Fixer Signature of Certificer	? Penian
The undersigned has examined t	crification by County Board of Election the voter registration records in PENDEL voter in the municipality of	R County and found Charles
1-1-03 Date	<u>Pender</u> County	Frances O. Pineor Chairman or Director

The Notice of Candidacy must be signed in the presence of the chairman or secretary of the Board of Elections with which he/she files or a candidate may have his/her signature on the Notice of Candidacy acknowledged and certified to by any officer authorized to administer an oath. (See NCGS § 163-106.) In signing his/her notice of candidacy the candidate may use a nickname provided the candidate complies with the requirement specified in GS § 163-106 and GS § 163-323(a).

Statement of Organization - Candidate Committee

100.00			,	
Ame	ndment	è		
	Yes	Ø	No	

1. Committee Information	mation					
a. Full Name					c. ID Number	
Mark	SLOAN FOR TOP	osail B	Beach Commi.	عهرة ربغ		
b. Mailing Address (incl	lude City, State and Zip Code)				d. Date Organ	ized
P.O. B	ox 3164				7-7-03	
	· • • • • • • • • • • • • • • • • • • •	~		Ī	e. Phone Num	ber
·	1 Beach n.	C. 28	, , ,		328-0	1744
2. Candidate Inform	nation		☐ Candidate's Primary Committee			
a. Full Name		!	c. Candidate ID Number d. Party Affiliation		ation	
	M. SLOAN	<u> </u>			NON-1	Partisan
b. Mailing Address (incl	lude City, State, and Zip Code)	<u> </u>	e. Office Sought			f. Jurisdiction
P.O. Box 3164 Topsail Beach. n.c. 28445.		8445	Town Commissioner Topsail Beach			Topsail Beach
	annel Blud		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Inforn	nation		4. Custodian of Books Information			
a. Full Name			a. Full Name			
Same as 2 A			Same as 2 A			
b. Mailing Address (incl	lude City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)			
Same as 2B						
c. Phone Number	d. Email Address		c. Phone Number	d. Email Addr	ess	
328-0744			328-0744			
5. Assistant Treasu	rer Information	Add	6. Account Information (incl. CRO-3500)			
a. Full Name		Remove	a. Financial Institution Full Name Remove			
		SECU Burge N.C.				
b. Mailing Address (include City, State, and Zip Code) b. Purpose		b. Purpose				
	-		Cam	paign		
c. Phone Number	d. Email Address		c. Code	d. Type		
			501	C40	ecking	
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.						
Charles M. SLOAN Mulinus Str. 07-07-03 Printed Name of Signer Signature of Appointed Treasurer Date						



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:	Charles M. SLOAN	
Freasurer Name:	Charles M. SLOAN	
Treasurer Address:	P.O. Box 3164	
include city, state, & zip)	Topsail Beach n.c 28445	
Treasurer Phone:	910-318-0744	

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.

07-07-03

Date Signed

Charles W. Slandidate



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Certification of Threshold

FILED BY:	
Committee Name:	Mark SLOAN FOR TOPSAIL Beach Commissione
Treasurer Name:	Charles M. SiGAN
Treasurer Address:	P.O. Bux 3164
(include city, state, & zip)	Topsgil Beach M.C. 28495
Treasurer Phone:	910 - 328-0744
election cycle under the prod until the end of the election	nittee intends to neither receive nor expend more than \$3,000 during the current reduces set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$3,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board a campaign finance reports.
file the next scheduled repor	Certification to remain under the \$3000 threshold. I will now be required to the for all contributions and expenditures that have not been previously reported arrent election cycle. I further agree to file all future reports required.
97-07-03 Date Signed	Charles M. Sh.



State Board of Elections

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Kimberly Westbrook Deputy Director – Campaign Reporting

FILED BY:

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

Certification to Close Committee

Committee Name:	Mark Sloun for Commissiner		
Treasurer Name:	Mark SLUAN		
Treasurer Address:	P.O. 130x 3164		
(include city, state, & zip)	Topsail Beach n.c. 28448		
Treasurer Phone:	9 0 - 328-0744		
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.			
01-13-04 Date Signed	Charles Ch. Sh.		