NOTICE OF CANDIDACY FOR LEGISLATIVE AND COUNTY OFFICES

COUNTY BOARD OF ELECTIONS

2004

TO THE PENDER COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as **COUNTY COMMISSIONER DISTRICT 5.**

(Name of Office)

District <u>COMMISSION #5</u>, in the <u>REPUBLICAN</u> Party Primary Election scheduled for July 20,2004. I affiliate with the <u>REPUBLICAN</u> Party, and I certify that I am now registered on the registration (Name of Political Party)

records of the precinct in which I reside as an affiliate of the REPUBLICAN 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.

181 WILLARD .	<u> </u>	DWIGHT STRICKLAND		
Residence Address	s Name	Name as it will appear on Ballot		
WILLARD NC 28	8478	S. Jac	trickley &	
City, State, Zip		Signature of Candidate		
181 WILLARD	RD (910) 285-3	941	(910) 289-5242	
Mailing Address	Home Telepho	one	Work Telephone	
WILLARD NC 28	8478			
City, State, Zip	State Ba	ır Number (Judi	cial Offices only)	
Certi	ification of Notice of Can	didacy		
hereby certify that DWIGHT STRIC		•	personally appeared before	
(Name as it will appear		agnou upove, p	oroonary appeared boron	
ne this day and signed his/her signature t	to the above Wice & Candidacy	or acknowleds	ged his/her signature to	
me this day and signed his/her signature to be the same	to the above Wilce Grandidacy	or acknowledg	ged his/her signature to	
oc the bame.	to the above while the Candidacy	or acknowleds	ged his/her signature to	
me this day and signed his/her signature to be the same. This <u>26th</u> day of <u>April</u> , 2004.	to the above wilder Candidacy	or acknowleds	ged his/her signature to	
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oe one same.	to the above wilder Candidacy	1 form	ged his/her signature to ifying Officer	
This 26th day of April, 2004. Signature of Certifying Office	to the above wilder of Candidacy	1 form		
This 26th day of April, 2004. Signature of Certifying Office My commission expires:	COUNTARY THE STATE OF THE STATE	Title of Carti		
This 26th day of April, 2004. Signature of Certifying Office My commission expires:	to the above while the andidacy	Title of Carti		
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This 26th day of April, 2004. Signature of Certifying Office My commission expires: V The undersigned has examined the voter DWIGHT ALLEN STRICKLANI	erification by County Boregistration records in PENDE	Title of Certi	ifying Officer d found	
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This 26th day of April, 2004. Signature of Certifying Office My commission expires: V The undersigned has examined the voter DWIGHT ALLEN STRICKLANI that	Terification by County Boregistration records in PENDED to be a registered voter, affiliator political party affiliation within	Title of Carti	ifying Officer d found EPUBLICAN Party a	
This 26th day of April, 2004. Signature of Certifying Office My commission expires: V The undersigned has examined the voter DWIGHT ALLEN STRICKLANI that	erification by County Bo registration records in PENDE to be a registered voter, affiliat	Title of Certiford A County and the with the R the past nine	ifying Officer d found EPUBLICAN Party a	

North Carolina State Board of Elections Revised February 2004 506 N. Harrington St.

Raleigh, NC 27603

Ph: 919-733-7173

Statement of Organization - Candidate Committee

Amendment	` /
☐ Yes	№

1. Committee Information				
a. Full Name			c. ID Number	
Strickland For County Commissioner				
b. Mailing Address (include City, State and Zip Code)			d. Date Organized	
181 Willard Ad			4-26-04	
willard N.C. 28476			e. Phone Number	
			910-285-394	
2. Candidate Information	☐ Candidate's Primary Committee			
a. Full Name	c. Candidate ID Numbe	er	d. Party Affiliation	
Dwight Allen Strikkland b. Mailing Address (include City, State, and Zip Code)			Republican	
	e. Office Sought		f. Jurisdiction	
181 Willord AZ Willord N.C. 28428	Co. Commissioner Dist. 5			
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information	4. Custodian of Books Information			
a. Full Name	a. Full Name			
Dwight Allen Strickland				
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (inc	lude City, Sta	te, and Zip Code)	
181 WILLAND RE WILLAND N.C. 28478	same as 3.b.			
c. Phone Number d. Email Address	. Phone Number d. Email Address			
285 3941			`	
5. Assistant Treasurer Information	6. Account Information (incl. CRO-3500)			
a. Full Name Remove	a. Financial Institution Full Name Remove			
NA	BB+T			
b. Mailing Address (include City, State, and Zip Code)	b. Purpose			
: :	Campaign	func	ls .	
c. Phone Number d. Email Address	c. Code	d. Type		
	DS	che	ekine	
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.				
Dwight Allon Strickland Dwight Malen Street 4-26-09 Printed Name of Signer Signer Signer of Appointed Treasurer Date				



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

Candidate Name:

Dwight Allen Strickland

Treasurer Name:

Dwight Allen Strickland

Treasurer Address:

(include city, state, & zip)

Willard N.C. 28478

910 285 3941

910 285 7988

Treasurer Phone:

910 289 5242

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.

4-26-64 Date Signed

Signature of Candidate



Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Threshold

FILED BY:	
Committee Name:	Strickland For Country Commissioner
Treasurer Name:	Dwight Allen Strickland
Treasurer Address:	181 Willard Nd
(include city, state, & zip)	(21, 1) and N.C. 28478
	916 285 - 3841
	910 285-7888
Treasurer Phone:	910 - 289 - 5242
election cycle under the proc until the end of the election of expenditures during this elec- of elections and file required	
file the next scheduled report	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 trent election cycle. I further agree to file all future reports required.
4 - 26- 0 4 Date Signed	Dunkt Allen State