STATE STATE	NOTICE OF	CANDIDACY (Non- PARTISAN) _	2011 Election Year	Municipal/County	Election
For the office, o		ER OF BURGAW			
Date: 07/17/200		Candidate ID: <u>XHL8CE</u>			_
I hereby file no	tice as a candi	date for election to the office of	COMMISSIONER	OF BURGAW	in the
		ection to be held on <u>11/08/2011</u>	in PENI	DER	_County.
I request that n	ny name appea	r on the ballot as follows:			
Elaine B. Tyson Please print or type nam	e aboue				
609 S BICKETT Residential Add ress: (St	ST	BURGAW, NC 2	28425		
Mailing Add ress if differe					-
Home: (910) _2		Cell: (910) 233 - 1178 Bu	siness: ( )	_	
dismisse	ed as a result of a convicted of a ing this notice.	RI D	n need not be dis Irdon of in nocenc	closed if the con e or expungeme	viction was nt.)
		Certification of Notice of Ca	Indidacy		
	(Name as it eared before m scribed before ure of certifyin	will appear on ballot) e this day and signed in my presen me this <del>] th</del> day ofJu g Officer:			signed above, NIS E. BO VOTARY UBLIC
		Verification by County Board o	of Elections		"
The undersigne	d has examine	d the voter registration records in	PENDER	Coun	ty and found
ELAINE TYSON		to be a registered voter in the mu		y of Bung.	tw
County Chairma	an, Secretary o		×	7/13/11	

The Notice of Candidacy must be signed in the presence of the chairman, secretary or director 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 § 163-294.2.) 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).

Information about the powers, duties, and responsibilities of city and county elective offices in North Carolina is available from the School of Government of the University of North Carolina at Chapel Hill at www.sog.unc.edu/programs/cceo. The School of Government provides training, research, and consultation for state and local government officials and citizens.

Revised May 2011

Amendment Yes No No

**Statement of Organization - Candidate Committee** Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500.

ELAINE BATSON TYSON     X       D. Mailing Address (include City, State and Zip Code)     d.1       607 S. BICKETT St	D Number			
Aniling Address (include City, State and Zip Code)     A.1       GOR S. BICKETT St     G.       BURGAW NC 28425     G.       2. Candidate Information     Candidate's Primary Committee       b. Full Name     c. Candidate ID Number     d. I       C. Candidate Information     C. Candidate's Primary Committee     G.       b. Full Name     c. Candidate ID Number     d. I       C. Candidate Information     C. Candidate ID Number     d. I       C. Mailing Address (include City, State, and Zip Code)     e. Office Sought     G.       b. Mailing Address (include City, State, and Zip Code)     e. Office sought is nonpartisan, wr Party Affiliatie       b. Treasurer Information     4. Custodian of Books Information       r. Full Name     G. A Custodian of Books Information       b. Mailing Address (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code)       b. Mailing Address (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code)       c. Phone Number     d. Email Address       c. Phone Number     d. Email Address       c. Phone Number     d. Email Address       c. Account Information     Incl. CK       c. Sasistant Treasurer Information     Add <th></th>				
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BURGAW     NC     28425     R       2. Candidate Information     Candidate's Primary Committee       b. Full Name     c. Candidate ID Number     d. I       Candidate Information     c. Candidate's Primary Committee     d. I       b. Full Name     c. Candidate ID Number     d. I       Candidate Struct     BATSAN TYSON     it       b. Mailing Address (include City, State, and Zip Code)     e. Office Sought     BUR OAW TOWN BO       b. Mailing Address (include City, State, and Zip Code)     e. Office sought is nonpartisan, wr     Party Affiliatie       b. Treasurer Information     4. Custodian of Books Information     a. Full Name     a. Full Name       c. IA INE     BATSAN TYSON     C. IA INE BATSAN     BATSAN       b. Mailing Address (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code)     b. Mailing Address       c. Phone Number     d. Email Address     c. Phone Number     d. Email Address       c. Assistant Treasurer Information     Add     6. Account Information (incl. CR       c. Full Name     ID Add     6. Account Information (incl. CR       c. Full Name     ID Add     6. Account Information (incl. CR       c. Full Name     ID C. Wigens Baw     B	Date Organized			
2. Candidate Information     Candidate's Primary Committee       b. Full Name     c. Candidate's Primary Committee       b. Full Name     c. Candidate 'S Primary Committee       C. Candidate Information     d. I       ELAINE BATSON TYSON     State, and Zip Code)       b. Mailing Address (include City, State, and Zip Code)     e. Office Sought       GO9 S. Bick & TT St     BUR OAW TOWN BO       BWBGAW NC 28425     (If office sought is nonpartisan, wr Party Affiliant       B. Treasurer Information     4. Custodian of Books Information       a. Full Name     a. Full Name       CIAINE BATSON TYSON     CIAINE BATSON       b. Mailing Address (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code)       b. Mailing Address     C. Phone Number     d. Email Address       C. Phone Number     d. Email Address     C. Phone Number     d. Email Address       S. Assistant Treasurer Information     Add     G. Account Information (incl. CR       A. Full Name     CAM PAIGN     CAM PAIGN       b. Mailing Address (include City, State, and Zip Code)     b. Purpose       CAM PAIGN     CAM PAIGN     CAM PAIGN       S. Assistant Treasurer Information     CAM PAIGN       A	7·13·11			
2. Candidate Information     Candidate's Primary Committee       b. Full Name     c. Candidate's Primary Committee       b. Full Name     c. Candidate 'S Primary Committee       C. Candidate Information     d. I       ELAINE BATSON TYSON     State, and Zip Code)       b. Mailing Address (include City, State, and Zip Code)     e. Office Sought       GO9 S. Bick & TT St     BUR OAW TOWN BO       BWBGAW NC 28425     (If office sought is nonpartisan, wr Party Affiliant       B. Treasurer Information     4. Custodian of Books Information       a. Full Name     a. Full Name       CIAINE BATSON TYSON     CIAINE BATSON       b. Mailing Address (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code)       b. Mailing Address     C. Phone Number     d. Email Address       C. Phone Number     d. Email Address     C. Phone Number     d. Email Address       S. Assistant Treasurer Information     Add     G. Account Information (incl. CR       A. Full Name     CAM PAIGN     CAM PAIGN       b. Mailing Address (include City, State, and Zip Code)     b. Purpose       CAM PAIGN     CAM PAIGN     CAM PAIGN       S. Assistant Treasurer Information     CAM PAIGN       A	hone Number			
2. Candidate Information     Candidate's Primary Committee       a. Full Name     c. Candidate's Primary Committee       b. Mailing Address (include City, State, and Zip Code)     e. Office Sought       b. Mailing Address (include City, State, and Zip Code)     e. Office Sought       b. Mailing Address (include City, State, and Zip Code)     e. Office sought is nonpartisan, wr Party Affiliati       c. Treasurer Information     4. Custodian of Books Information       a. Full Name     a. Full Name       Clarific BattSan TYSon     Clarific BattSan TYSon       b. Mailing Address (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code)       b. Mailing Address (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code)       c. Phone Number     d. Email Address       c. Account Information (incl. CR a. Financial Institution Full Name       c. Account Code     d. Type       c. Account Code     d. Type	10 259 4391			
ELAINE BATSON TYSON     in       Anailing Address (include City, State, and Zip Code)     e. Office Sought       6095. BickETT St     BURDAW TOWN BO       BURDAW NC 28425     (If office sought is nonpartisan, wr Party Affiliation)       3. Treasurer Information     4. Custodian of Books Information       Full Name     a. Full Name       CIAINE BATSON TYSON     ÉIAINE BATSON       Mailing Address (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code)       6095. BickETT St     BURDAW NC 2       BURDAW NC 28425     BURDAW NC 2       BURDAW NC 28425     BURDAW NC 2       BURDAW NC 28425     BURDAW NC 2       C. Phone Number     d. Email Address       C. Phone Number     d. Email Address       C. Assistant Treasurer Information     Add       Statant Treasurer Information     Add       Remove     Information (incl. CR       A. Full Name     Information (incl. CR       Amiling Address (include City, State, and Zip Code)     b. Purpose       CAM PAIgN     CAM PAIgN       Phone Number     d. Email Address       Full Name     Information (incl. CR       Full Name     CAM PAIgN <td></td>				
• Mailing Address (include City, State, and Zip Code)     e. Office Sought       6095.     BickET75t     Bukeaw Town Be       Bukeaw NC 28425     (If office sought is nonpartisan, wr Party Affiliation)       9. Treasurer Information     4. Custodian of Books Information       . Full Name     a. Full Name       ElainE     Bukeaw NC 28425       Mailing Address (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code)       6095.     BickET St       Bukeaw NC 28425     Bukeaw NC 2       Bukeaw NC 28425     Bukeaw NC 2       Phone Number     d. Email Address       2594391     EBI 669 @ YRhob PM       2594391     EBI 669 @ YRhob PM       2594391     EBI 669 @ Add       Add     6. Account Information (incl. CR       . Full Name     Information (incl. CR       . Full Name     Information (incl. CR       . Mailing Address (include City, State, and Zip Code)     b. Purpose       . Mailing Address (include City, State, and Zip Code)     b. Purpose       . Mailing Address (include City, State, and Zip Code)     b. Purpose       . Mailing Address (include City, State, and Zip Code)     b. Purpose       . Mailing Address (include City, State,	Party Affiliation			
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3. Treasurer Information     4. Custodian of Books Information       a. Full Name     a. Full Name <i>ElAINE BATSAN TYSON Mailing Address</i> (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code) <i>Mailing Address</i> (include City, State, and Zip Code)     b. Mailing Address (include City, State, and Zip Code) <i>Phone Number</i> d. Email Address <i>BLAGAW NC</i> 28425 <i>Phone Number</i> d. Email Address <i>BLAGAW NC</i> 2874391 <i>BLAGAW NC</i> 2874391 <i>BLAGAW NC</i> 2874391 <i>Add G. Account Information Add G. Account Information Information Add Address</i> (include City, State, and Zip Code)     b. Purpose <i>C A M PAIGN C Le c K in</i>	(If office sought is nonpartisan, write "Nonpartisan" in [d]			
. Full Name     a. Full Name <i>Elaine Elaine Mailing Address (include City, State, and Zip Code)</i> b. Mailing Address (include City, State, and Zip Code) <i>Mailing Address (include City, State, and Zip Code)</i> b. Mailing Address (include City, State, and Zip Code) <i>Mailing Address (include City, State, and Zip Code) Mailing Address (include City, State, and Zip Code) Phone Number Add Bull Gaw N C 2 Mailing Address (include City, State, and Zip Code) Phone Number Add Mailing Address (include City, State, and Zip Code) Add Add Mailing Address (include City, State, and Zip Code) Bult Code Add Phone Number Address (include City, State, and Zip Code) Bult Code Add Mailing Address (include City, State, and Zip Code) Bult Code C A M P Align Phone Number Address C A Account Code A Type Phone Number Address C Account Code A Type</i>				
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Bullbaw NC 28425     Bullbaw NC 2       Phone Number     d. Email Address       910     2.57439       259439     EBT 609 @ YRhos for 20       259439     EBT 609 @       259439     EBT 60	b. Mailing Address (include City, State, and Zip Code)			
Bullbaw NC 28425     Bullbaw NC 2       Phone Number     d. Email Address       910     259 4391       259 4391     EBT 609 @ YRhos for 200       259 4391     EBT 609 @				
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Mailing Address (include City, State, and Zip Code)     b. Purpose       CAMPAIGN       . Phone Number     d. Email Address       c. Account Code     d. Type       ET     CLecking	a. Financial Institution Full Name Remove			
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ET CLeckin				
	¥ S			
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22.				
Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or oth	er non-disclosed funds.			
further certify that this report is complete, true and correct.				
Claine B. TYSON Elain B Vera	7-23-11			
Printed Name of Signer Signature of Appointed Treasurer	Date			
Signature of Appointed Treasurer	Date			
CRO-2100A NC State Board of Elections				



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

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

# **Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

## FILED BY:

Candidate Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

lame:	CLAINE B TYSON	
ame:	ELAINE B TYSON	
ddress:	609 S. BickETT St	
tate, & zip)	BURGAW NC 28425	
none:	910 259 4391	

Treasurer Phone:

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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7 - **13** - 11 Date Signed

El aire B Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

CRO-3100

Certification of Treasurer

June 2007



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

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

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

# **Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

PIA · A T

## **FILED BY:**

Committee Name:

Treasurer Name:

Treasurer Address:

(include city, state, & zip

	B. TYSON B. TYSON	
	Bickett St	
BURGAW	NC 28425	
-		
210 259 4	291	

Treasurer Phone:

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports. THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

2 - 2.3 - 1/ Date Signed

Elaine B. Jyor Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

CRO-3600

Certification of Threshold

December 2009



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

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

# **Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

ELAINE TYSON ELAINE TYSON

### **FILED BY:**

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

910 259 4391

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 \$1,000 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 \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

2 - P · 12 Date Signed

Elanie & Iyom Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

CRO-3400

Certification to Close Committee

December 2009