# NORTH CAROLINA STATE BOARD OF ELECTIONS

PO BOX 27255 RALEIGH, NC 27611 TELEPHONE 919-733-7173



# NOTICE OF CANDIDACY COUNTY AND LEGISLATIVE

TO THE PENDER	COUNTY BOARD OF ELECTIONS:
I hereby file notice as a candidate for n	omination as COUNTY COMMISSIONER DISTRICT 4
District, in the DEMOCRA	
(if applicable) (No I affiliate with the DEMOCRATIC	me of Political Party) Party, and I certify that I am now registered on the registration records
of the precinct in which I reside.	
	d my political party affiliation within the past ninety (90) days, nor have I changed affiliation within the past ninety (90) days.
	( · · · · · · · · · · · · · · · · · · ·
I pledge that if I am defeated in the pelection.	imary, I will not run for the same office as a write-in candidate in the next general
Check "YES" or "NO" I swear to the fo	llowing to be true, correct, and complete to the best of my knowledge or belief.
YES NO  Have you ever been convicted dismissed as a result of reverse.	d of a felony? (Felony conviction need not be disclosed if the conviction was sal on appeal or resulted in a pardon of innocence or expungement.)
	you are required to complete the "Candidate Felony Disclosure" form within 48 hours 3-106. The required form can be obtained from any elections office or from the NC v.ncsbe.gov.
belief.	ntained on this form are true, correct and complete to the best of my knowledge or
4286 CORAS GROVE RD  Residence Address	Franklin "F.D." Rivenbark  Name as it will appear on Ballot
WILLARD, NC 28478	Tranklin Lottoenbark
City, State, Zip PO BOX 151	Signature of Candidate (910) 259-2717 (910) 540-7161
Mailing Address, if different BURGAW, NC 28425	Home Telephone Work Telephone
City, State, Zip	4 4, 9
I hereby certify that Franklin "F.D." Ri	Certification of Notice of Candidacy
Name as it wil	appear on Ballot)
	to the above Notice of Candidacy or acknowledged his her signature to be the same.
This 16th day of February	, 2012
Signature of Certifying Office	NATURALLY STATES OF THE STATES
- /-	1
My commission expires: 3 /3/	2015
	Verification by County Board FRANKLIN RIVENBAR
The undersigned has examined the voter	
to be a registered voter, affiliated with the	e DEMOCRATIC Party and that subject candidate has not changed his/her
political party affiliation within the past	inety (90) days
County	2/16/12 (Jenno > 0)
County	Date Unaiman optimectory

This form is available as a public record in the elections office where filed. A prior felony conviction does not preclude holding elected office if rights of citizenship have been restored.

# Affidavit Attesting to Nickname (NCGS § 163-106(a))

	nave been duly sw	orn, nereby state under o	ath that I have been
(Legal name) commonly known by the nickr	name, FD	, for at	least five years and
request that my name be placed	d on the ballot as follo	OWS: Franklin "F.D." Rivenba (Name to appea	ark r on ballot)
In the event that another candi	date with the same las	t name as mine files noti	ce of candidacy for
the same office for which I am	a candidate, my name	e should be listed on the	ballot as follows:
FRANKLIND, RIVENI (Legal name and nickname)	BARK (F.D.)	Reference S. E. B.O.	Single State of the State of th
Franklis D. Riven (Signature - legal name)	back	NOTARY PUBLIC	A. C. S.
I hereby certify that FRAN	KIN D. RIVENI	BANK, the candidate	who signed above,
personally signed in my preser	nce.		
Sworn to and subscribed befor	re me this <u>/6</u> day	of FeB,	2012
Title of Certifying Officer	_	Signature of Certifying O	fficer
My commission expires:	3/31/2015		1

Disclosure	Report Co	ver				Amendment
			nformation, m	ust be signed an	d submitted alor	ng with other detailed forms.
	form to update in		,			8
1. Committee In	nformation					
a. Full Name						c. ID Number
FRAN	YKLIH F	D. RIVE	HBARI	K		PHL 060
b. Mailing Address	(include City, State	e and Zip Code)				d. Date Filed
* · · ·	Box 151					16 Fab 2012
BURGA	AW. N.C.	28435				e. Phone Number 9/0-259-2717
2. Report Year	3. Period Start	Date (mm/dd/yy	4 Period F	nd Date (mm/dd/	yy) 5. Treasur	
					07	1// 50 0 1
2012		2012				Skin Do Kivenbark
	mittee (Check C			ort (check only	one type of rep	ort from one category)
Candidate Can			unicipal	State/Cou		Referendum
PAC	The same of the sa	erendum	Organizational			Organizational
Independent Ex		t Fundraiser	Thirty-five day		•	Pre-referendum
Legal Expense	Fund	I⊧	Pre-primary		First	Final
7 T - 6 D	1 (10 11 11		Pre-election	1=	Second	Supplemental Final
7. Type of Fund	(if applicable,	check one)	Pre-runoff		Third	Annual
Building Fund		l-	Semi-annual  Mid Year		Fourth -annual	Special
Dunding Fund		I⊧	Year End		Mid Year	10. Special Report Name
Other:		li:	Final		Year End	10. Speciai Report Ivame
	undraisers this	Report	Special	Final	Tear End	
011,4111002 02 2		L	- opecial	Speci	al	
11 Assessment Ind	Power of the second		10 954 90 No. 20 90 No. 20 10 No. 20 No. 20 10 No. 20 No. 20 10 No. 20			Section 5.5 A Michigan U. Las anuscipal 8.5 Section 5.
11. Account Inf a. Financial Institu				11. Account Inf a. Financial Institu		
1	of AMERICA			a. Financiai Institu	uon Fun Name	
b. Purpose		c. Account Code		b. Purpose		c. Account Code
CAMPA 1	GXI	FDO	P			J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
FINA	NICE	d. Period Begin I	Balance			d. Period Begin Balance
11111	1400	s 0				\$
CEDWIN	(0)	• 0				\$
of the NC Gener report is comple FRANK P	Committee or Furral Statutes and that ete, true and correct the LAR Printed Name of Sign	at no funds are co t and that I have	ommingled with been trained by	prohibited or othe	r non-disclosed f d of Elections. wen bark	B & 22D-22M of Chapter 163 unds. I further certify that this    16 F_b D O 12     Date
FOR OFFICE	USE ONLY	1 .		~0		
Date Receiv	red: 2	116/12	Employ	ee: UB	De	livery Method Normal Mail
Date Postma	arked:		Employ	ee:	— <u>D</u>	Registered Mail  Hand Delivered
Date Scanne	ed:		Employ	ee:	_ (	Electronically Filed
Date Data E	ntered:		Employ	ee:		Signer has not received mandatory training
Please No	te: This form ca	nnot be used to	amend commi	ttee information	such as the con	nmittee address, treasurer.

assistant treasurer, custodian of books information, or account information.

# 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 (when

Amendment	
☐ Yes	☐ No

	accompanied by forms CRO-3100 and CR	(O-3500 (when amending, on	ly re-submit if applicable).	
1. Committee Info	rmation			
a. Full Name			c. ID Number	
FRANK	KLIN D. BIVENBAI	RK	PHL060	
	clude City, State and Zip Code)		d. Date Organized	
P.O.B	Lox 151		16 Feb 2012	
0	110		e. Phone Number	
DURGA	IW, N.C. 28425		910-259-2717	
2. Candidate Infor	rmation	Candida	ate's Primary Committee	
a. Full Name		e. Candidate ID Number	f. Party Affiliation	
	- 0			
7.2	N D, RIVENBARK	PHL 060	UEMOCRAT (Indicate Non-partisan if applicable)	
b. Mailing Address (inc	clude City, State, and Zip Code)	g. Office Sought		
PO BO BURGA	X 15 1 AW N.C. 28425	COUNTY COMM	N1551 ONER	
c . Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction	
9/d -259-2717 □Email copy of n	frivenbarkapendercounty	2012	J157 4	
3. Treasurer Infor	mation	4. Custodian of Books Info	rmation	
a. Full Name		a. Full Name		
· SAME		F.		
b. Mailing Address (inc	clude City, State, and Zip Code)	b. Mailing Address (include City,	State, and Zip Code)	
SAME				
c. Phone Number	d. Email Address	c. Phone Number d. Email A	Address	
SAME				
I prefer to receive	e notices by email Yes No	☐ Email copy of notices	s	
5. Assistant Treasu	urer Information Add	6. Account Information (incl. CRO-3500) Add		
a. Full Name	☐ Remove	a. Financial Institution Full Name	e Remove	
		BAXIK OF AME	ERICA	
b. Mailing Address (inc	clude City, State, and Zip Code)	b. Purpose		
		CAMPAIGN	FINANCE	
c. Phone Number	d. Email Address	c. Account Code d. Type		
l		FDRIC	heeking Acct	
☐ Email copy of	of notices			
CERTIFICATION				
I certify that the C	Committee or Fund is in compliance with a	all applicable provisions of A	rticle 22A, 22B & 22D-22M of	
	ne NC General Statutes and that no funds a			
	hat this report is complete, true and correc			
FRANKLI	N D. RIVENBARX Grant	gnature of Appointed Treasurer	16 Feb 9010 Date	
		*		



# 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:	FRANKLIN D. RIVENBARK
Treasurer Name:	FRANKLIN P. RIVENBARK
Treasurer Address:	P.O. Box 151
(include city, state, & zip)	RUREAU NC. 28435
(merade erry, state, es 21p)	JURGAW, 142, 30933
Treasurer Phone:	910-359-3717

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).

16 F 6 5012 Date Signed

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

FILED BY:

CRO-3600

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

December 2009

# **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.

I ILLED D T	3		
Committee Name:	FRANKLIN D. XIVENBARK CAMPAIGH		
Treasurer Name:	FRANKLIN P. RIVENBARK		
Treasurer Address:	P.O. Box 151		
(include city, state, & zip)	BURGAW NC. 58424		
Treasurer Phone:	910-259-2717		
election cycle under the pro until the end of the election expenditures during this ele of elections and file required	nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports.  N 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.			
Date Signed	Signature		
Note: This Certification is to	o be filed at the Election Board where the committee's campaign reports are filed.		

Certification of Threshold