

**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 nomination as _____ COUNTY COMMISSIONER DISTRICT 4

District _____, in the REPUBLICAN _____ Party Primary Election scheduled for May 8, 2012.

(if applicable) (Name of Political Party)

I affiliate with the REPUBLICAN _____ Party, and I certify that I am now registered on the registration records of the precinct in which I reside.

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 the same office as a write-in candidate in the next general election.

Check "YES" or "NO" I swear to the following to be true, correct, and complete to the best of my knowledge or belief.

YES ☐ NO ☒ Have you ever been convicted of a felony? (Felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.)

If you have been convicted of a felony, you are required to complete the "Candidate Felony Disclosure" form within 48 hours of submitting this notice. See GS § 163-106. The required form can be obtained from any elections office or from the NC State Board of Elections website at www.ncsbe.gov.

I swear (affirm) that the statements contained on this form are true, correct and complete to the best of my knowledge or belief.

362 HARRELL RD
Residence Address
BURGAU, NC 28425
City, State, Zip
Mailing Address, if different
City, State, Zip

Fred McCoy
Name as it will appear on Ballot
Fred McCoy
Signature of Candidate
(910) 259-9349
Home Telephone Work Telephone

Certification of Notice of Candidacy

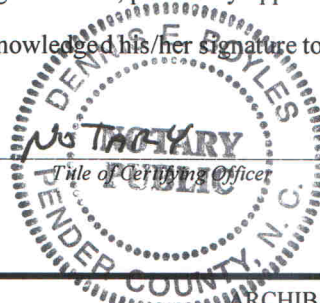
I hereby certify that Fred McCoy _____, the candidate who signed above, personally appeared before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her signature to be the same.

(Name as it will appear on Ballot)

This 29th day of February, 2012.

Dennis E. Boyles
Signature of Certifying Officer

My commission expires: 3/31/2015



Verification by County Board

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

Pender
County

3/2/12
Date

Dennis E. Boyles
Chairman or Director

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.

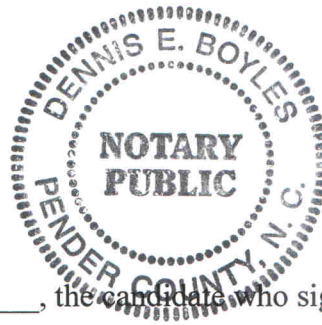
Affidavit Attesting to Nickname (NCGS § 163-106(a))

I, ARCHIBALD MCCOY JR have been duly sworn, hereby state under oath that I have been
(Legal name)
commonly known by the nickname, FRED, for at least five years and
request that my name be placed on the ballot as follows: Fred McCoy.
(Name to appear on ballot)

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:

Archibald Frederick McCoy Sr. (Fred)
(Legal name and nickname)

Fred McCoy
(Signature - legal name)



I hereby certify that FRED MCCOY JR., the candidate who signed above,
personally signed in my presence.

Sworn to and subscribed before me this 29 day of FEB, 2012.

Notary
Title of Certifying Officer

Dennis E Boyles
Signature of Certifying Officer

My commission expires: 3/31/2016

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

Amendment

☐ Yes ☐ No

1. Committee Information			
a. Full Name Fred McCoy		c. ID Number VHL6GD	
b. Mailing Address (include City, State and Zip Code) 362 Harrell Rd Burke N.C. 28425		d. Date Filed 2/29/12	
		e. Phone Number 9102594349	
2. Report Year 2012	3. Period Start Date (mm/dd/yy) 2/29/12	4. Period End Date (mm/dd/yy) 2/29/12	5. Treasurer Full Name Fred McCoy
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name State Employees Credit Union		a. Financial Institution Full Name	
b. Purpose Campaign Finance	c. Account Code FM	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		d. Period Begin Balance \$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
Fred McCoy Printed Name of Signer		Fred McCoy Signature of Appointed Treasurer	
		2/29/12 Date	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment

☐ Yes

☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Fred McCoy		ORGANIZATIONAL		VHL OGD	
Start of Election Cycle: January 1, 2012		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0		\$ 0	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0		\$ 0	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0		\$ 0	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

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 amending, only re-submit if applicable).

Amendment

☐ Yes

☐ No

1. Committee Information

a. Full Name

Fred McCoy

c. ID Number

YHL 6GD

b. Mailing Address (include City, State and Zip Code)

362 Harrell Road Burgaw N.C. 28425

d. Date Organized

2/29/12

e. Phone Number

910 259 9349

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

Archibald Frederick McCoy

e. Candidate ID Number

YHL 6GD

f. Party Affiliation

Republican

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

362 Harrell Road Burgaw N.C. 28425

g. Office Sought

County Commissioner

c. Phone Number

d. Email Address

fmccoy1@crr.com

h. Next Election Year

2012

i. Jurisdiction

District 4

☐ Email copy of notices

3. Treasurer Information

a. Full Name

Same

4. Custodian of Books Information

a. Full Name

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

I prefer to receive notices by email

☐ Yes

☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name

b. Mailing Address (include City, State, and Zip Code)

b. Purpose

c. Phone Number

d. Email Address

c. Account Code

d. Type

☐ Email copy of notices

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

Archibald Frederick McCoy

Printed Name of Signer

Archibald Frederick McCoy

Signature of Appointed Treasurer

Date

29

2/29/12



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: Fred McCoy
Treasurer Name: Fred McCoy
Treasurer Address: 362 HARTLEY RD BURGAW N.C. 28425
(include city, state, & zip)

Treasurer Phone: 910 259 9349

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).

2/29/12
Date Signed

Fred McCoy
Signature of Candidate

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



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.

FILED BY:

Committee Name: Fred McCoy

Treasurer Name: Sime

Treasurer Address: 362 Harrell Rd

(include city, state, & zip) BUTLER N.C. 28425

Treasurer Phone: 910 259 9349

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.

2/29/12
Date Signed

Fred McCoy
Signature

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