



**NOTICE OF CANDIDACY**  
**NORTH CAROLINA**  
**PENDER COUNTY**

ELECTION GENERAL  
 ELECTION DATE 11/04/2014  
 JURISDICTION \_\_\_\_\_ JURISDICTION VALUE \_\_\_\_\_

**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

TO: PENDER COUNTY BOARD OF ELECTIONS Candidate ID: NHLB7K  
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: PENDER COUNTY BOARD OF COMMISSIONERS DISTRICT 3

**CANDIDATE'S NOTICE AND PLEDGE**

(select appropriate checkbox and complete section based on the contest for which you are filing your notice of candidacy)

- PARTISAN CONTESTS** (Federal, State, County or Municipal)  I hereby file notice as a candidate for nomination as PENDER COUNTY BOARD OF COMMISSIONERS DISTRICT 3 in District \_\_\_\_\_ in the \_\_\_\_\_ party primary election to be held on 11/04/2014. I affiliate with the UNAFFILIATED party, and I certify that I am now registered on the registration records of the precinct in which I reside as an affiliate of the UNAFFILIATED 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 with 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.
- NON-PARTISAN CONTESTS**  I hereby file notice as a candidate for election to the office of \_\_\_\_\_ in District \_\_\_\_\_ in the \_\_\_\_\_ Election to be held on \_\_\_\_\_ in \_\_\_\_\_ County.
- JUDICIAL CONTESTS**  I hereby file notice as a candidate for election to the office of \_\_\_\_\_ to succeed \_\_\_\_\_ (Name and District if applicable), in the regular election to be conducted \_\_\_\_\_. I certify that I am now registered on the registration records of the precinct in which I reside. I understand that if required by G.S. § 163-322, a non-partisan primary is scheduled to be conducted on My N.C. State Bar No. is \_\_\_\_\_.

**CANDIDATE INFORMATION**

<u>DORIS PERRY CARLTON</u> <i>Full Legal Name</i>	<u>Doris P. Carlton</u> <i>Name to Appear on Ballot</i>
<u>6540 HIGHSMITH RD</u> <i>Residential Address</i>	<u>_____</u> <i>Mailing Address</i>
<u>ROCKY POINT, NC 28457</u> <i>City, State and Zip</i>	<u>_____</u> <i>City, State and Zip</i>
<u>(910) 259-5013</u> <i>Home Phone</i>	<u>_____</u> <i>Business Phone</i>
<u>_____</u> <i>Cell Phone</i>	<u>_____</u> <i>Email Address</i>

**FELONY DISCLOSURE**

Have you ever been convicted of a felony?  YES  NO

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. GS § 163-106. The required form can be obtained from any election office or from the NC State Board of Elections website at [www.NCSBE.gov](http://www.NCSBE.gov). A prior felony conviction does not preclude holding elected office if rights of citizenship have been restored. 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.

**AFFIDAVIT ATTESTING TO NICKNAME**

I, \_\_\_\_\_ *Legal Name* have been duly sworn, hereby state under oath that I have been commonly known by the nickname, \_\_\_\_\_ *Nickname* for at least five years and request that my name be placed on the ballot as follows: \_\_\_\_\_ *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 as follows: \_\_\_\_\_ *(Legal name and nickname)*

**CANDIDATE'S AFFIRMATION**

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

X Doris Perry Carlton *Signature of Candidate* 07/01/2014 *Date*

# Disclosure Report Cover

Amendment  
 Yes  No

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.

1. Committee Information			
a. Full Name		c. ID Number	
Doris P. Carlton for County Commissioners		NHLB7K	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
6540 Highsmith Road Rocky Point, NC 28457		6-9-14	
		e. Phone Number	
		910 259 5013	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014			Doris P. Carlton
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		<b>Municipal</b> <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	
		<b>State/County</b> <input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		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.			
<u>Doris P. Carlton</u> Printed Name of Signer		<u>Doris P. Carlton</u> Signature of Appointed Treasurer	
		<u>6-9-14</u> Date	
FOR OFFICE USE ONLY			
Date Received:	<u>6/9/14</u>	Employee:	<u>DB</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
<p><b>Please Note:</b> 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.</p>			

# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

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).

1. Committee Information					
a. Full Name				c. ID Number	
Doris P. Carlton for County Commissioner					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
6540 Highsmith Road Rocky Point, NC 28457				6-9-14	
				e. Phone Number	
				910-259-5013	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name			e. Candidate ID Number		f. Party Affiliation
Doris P. Carlton					Non-partisan (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
6540 Highsmith Road Rocky Point, NC 28457			County Commissioner		
c. Phone Number	d. Email Address		h. Next Election Year	i. Jurisdiction	
910-259-5013	doriscarlton@hotmail.com		2014	Dist. 3	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Doris P. Carlton					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
6540 Highsmith Rd Rocky Point, NC 28457					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
910-259-5013	doriscarlton@hotmail.com				
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		b. Purpose
			DC		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
			DC		
<input type="checkbox"/> 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.					
Doris P. Carlton		Doris P. Carlton		6-9-14	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



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

Kim Westbrook Strach  
 Executive Director

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: Doris P. Carlton  
 Treasurer Name: Doris P. Carlton  
 Treasurer Address: 6540 Highsmith Rd.  
 (include city, state, & zip) Rocky Point, NC 28457  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910.259.5013

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).

10.9.13  
 Date Signed

Doris P. Carlton  
 Signature of Candidate

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



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 (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: Doris P. Carlton for County Commissioner  
 Treasurer Name: Doris P. Carlton  
 Treasurer Address: 6540 Highsmith Road  
 (include city, state, & zip) Rocky Point, NC 28457  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910.259.5013

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.

6-9-14  
 Date Signed

Doris P. Carlton  
 Signature

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



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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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Committee Name: Doris P. Carlton for County Commissioner  
 Treasurer Name: Doris P. Carlton  
 Treasurer Address: Le540 Highsmith Rd  
 (include city, state, & zip) Rocky Point, NC 28457  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910.259.5013

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.

8/18/14  
 Date Signed

Doris P. Carlton  
 Signature