

NOTICE OF CANDIDACY

NORTH CAROLINA PENDER COUNTY

ELECTION

PRIMARY

ELECTION DATE

05/06/2014

		JURISDICTION		JURISDICTION VALUE
FRAUDULENTLY OR FA	ALSELY COMPLETING THIS FORM IS	A CLASS I FELONY	Y UNDER CHAPTER 1	63 OF THE NC GENERAL STATUTES.
TO: PENDER COUNTY	BOARD OF ELECTIONS		Candidate ID:	_XHLIX0
RE: NOTICE OF CAN	DIDACY FOR OFFICE OF: BOARD O	OF COMMISSIONER	S DISTRICT 3	
PARTISAN (X) CONTESTS (Federal, State, County or Municipal)	I hereby file notice as a candidate for no in District in the REPUBLICAN precinct in which I reside as an affiliate political party affiliation within the past	omination as BOAR BLICAN F party, and I cert of the REPUBLICA ninety (90) days, no	RD OF COMMISSIONED party primary election tify that I am now regis AN party. I fur or have I changed fron	to be held on 05/06/2014 stered on the registration records of the ther certify that I have not changed my
NON-PARTISAN CONTESTS	Write-in candidate in the next general electric line in District in the County.	ection. ection to the office of	of	
JUDICIAL CONTESTS	I hereby file notice as a candidate for election to the office of to succeed			
	CAND	DIDATE INFORMAT	ΓΙΟΝ	
GEORGE ROBINSON B Full Legal Name 361 BRIDGESIDE RD	ROWN JR	George B Name to App	Brown pear on Ballot	
Residential Address		Mailing Add	Iress	
ROCKY POINT, NC 284 City, State and Zip	457	City, State a	ınd Zip	
(910) 675-8653	(910) 512-2732			14
Home Phone	Cell Phone	Business Pho		Email Address
Have you ever been conv	victed of a felony? YES X NO	LUNI DISCLUSUR	.E	
If you have been convict notice. GS § 163-106. T www.NCSBE.gov. A pr	ed of a felony, you are required to complete the required form can be obtained from an erior felony conviction does not preclude hother conviction was dismissed as a result of	ny election office or nolding elected office	from the NC State Bo e if rights of citizenship	ard of Elections website at ip have been restored. Felony conviction
		ATTESTING TO N		
I,	al Name			e been commonly known by the nickname,
Nickne	ame			d on the ballot as follows:
Name to Appe		at another candidate	with the same last na	me as mine files notice of candidacy for the
same office for which I a	am a candidate, my name should be listed	as follows:		Legal name and nickname)
, market	CANDI	IDATE'S AFFIRMA		,
I swear or affirm that the	statements on this form are true, correct	and complete to the		e or belief.

	(if applicable)		
STATE OF NORTH CAROLINA,	COUNTY		
I hereby certify that,	the candidate who signed the AFFIDAVIT ATTESTNG TO NICKNAME, document in my presence.		
Sworn to and subscribed before me thisday of_			
	X Notary Signature		
NOTARY SEAL	Notary Signature		
SOUTH CALAL	Printed Name		
	My Commission Expires		
ACKNO	OWLEDGMENT OF NOTICE OF CANDIDACY		
STATE OF NORTH CAROLINA, PENDER	COUNTY		
I hereby certify that, GEORGE ROBINSON BROWN JR, the candidate who signed this NOTICE OF CANDIDACY, personally appeared before me this day and signed this document in my presence or acknowledged his/her signature to be the same.			
Date: 2/21/14	Signature of Certifying Officer (or Notary) DENNIS E BOPES Printed Name of Certifying Officer (or Notary) Nota N Title of Certifying Officer 3/31/20/5 My Commission Expires		
VERIFIC	CATION BY COUNTY BOARD OF ELECTIONS		
The undersigned has examined the voter registration records i			
Is a registered voter in this county.			
	nunicipality of		
(Partisan Contests Only) Is affiliated with Report Notes (90) days.	party and has not changed his/her political party affiliation within the past		

CERTIFICATION OF AFFIDAVIT OF NICKNAME

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 be any officer authorized to administer an oath. (See NCGS § 163-294.2.)

Disclosure Report Cove	r	Amendment Yes No
	committee information, must be sign-	ed and submitted along with other detailed forms.
Do not use this form to update infor	mation.	
1. Committee Information		
a. Full Name		c. ID Number
George Kobin	son Brown In.	XHLIXO
b. Mailing Address (include City, State an	d Zip Code)	d. Date Filed
361 Bridgeside Rocky Point, No	Rd.	3-3-2014
Park Dolut 11	50467	e. Phone Number
· · · · · · · · · · · · · · · · · · ·		910 675-8653
2. Report Year 3. Period Start Da	te (mm/dd/yy) 4. Period End Date (m	m/dd/yy) 5. Treasurer Full Name
2014 2-21-2	014 3-3-2019	Ocorge Kabinson Brown
6. Type of Committee (Check One)	CONTROL OF THE PROPERTY OF THE	only one type of report from one category)
Candidate Campaign Party		e/County Referendum
PAC Reference		Organizational Organizational
☐ Independent Expenditure ☐ Joint Ful ☐ Legal Expense Fund	ndraiser	Quarterly Pre-referendum First Final
Legal Expense Fund	Pre-election	Second Supplemental Final
7. Type of Fund (if applicable, chec		Third Annual
Booster Fund	Semi-annual	Fourth Special
☐ Building Fund	Mid Year	Semi-annual
_ ;	Year End	Mid Year 10. Special Report Name
Other:	☐ Final ☐	Year End
8. Number of Fundraisers this Rep	oort Special	Final
		Special
		T. C. C.
11. Account Information	11. Accoun	t Information
11. Account Information a. Financial Institution Full Name		it information nstitution Full Name
a. Financial Institution Full Name	a. Financial I	nstitution Full Name
a. Financial Institution Full Name		
a. Financial Institution Full Name	a. Financial I	nstitution Full Name
a. Financial Institution Full Name b. Purpose c. A	a. Financial I	nstitution Full Name
a. Financial Institution Full Name b. Purpose c. A	a. Financial I Account Code b. Purpose	c. Account Code d. Period Begin Balance
a. Financial Institution Full Name b. Purpose c. A d. I	a. Financial I Account Code b. Purpose	c. Account Code
a. Financial Institution Full Name b. Purpose c. A d. 1 \$ CERTIFICATION	a. Financial I Account Code b. Purpose Period Begin Balance	c. Account Code d. Period Begin Balance
a. Financial Institution Full Name b. Purpose c. A d. 1 \$ CERTIFICATION I certify that the Committee or Fund is	a. Financial I Account Code b. Purpose Period Begin Balance in compliance with all applicable provisi	c. Account Code d. Period Begin Balance sons of Article 22A, 22B & 22D-22M of Chapter 163
a. Financial Institution Full Name b. Purpose c. A d. I \$ CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no	a. Financial I Account Code b. Purpose Period Begin Balance in compliance with all applicable provisi	c. Account Code d. Period Begin Balance state on sof Article 22A, 22B & 22D-22M of Chapter 163 or other non-disclosed funds. I further certify that this
a. Financial Institution Full Name b. Purpose c. A d. I \$ CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no	a. Financial I Account Code b. Purpose Period Begin Balance in compliance with all applicable provision funds are commingled with prohibited o	c. Account Code d. Period Begin Balance state on sof Article 22A, 22B & 22D-22M of Chapter 163 or other non-disclosed funds. I further certify that this
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a. Financial Institution Full Name b. Purpose c. A d. I \$ CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct and the complete of Signer of Signer.	a. Financial I Account Code b. Purpose Period Begin Balance in compliance with all applicable provision funds are commingled with prohibited o	c. Account Code d. Period Begin Balance \$ ons of Article 22A, 22B & 22D-22M of Chapter 163 of other non-disclosed funds. I further certify that this Board of Elections. Source Account Code
a. Financial Institution Full Name b. Purpose c. A d. I \$ CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no	a. Financial I Account Code b. Purpose Period Begin Balance in compliance with all applicable provisi of funds are commingled with prohibited of that I have been trained by the NC State J. J.C. Longe A.	c. Account Code d. Period Begin Balance \$ ons of Article 22A, 22B & 22D-22M of Chapter 163 r other non-disclosed funds. I further certify that this Board of Elections. 3-3-2014 inted Treasurer Date
a. Financial Institution Full Name b. Purpose c. A d. I \$ CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct and the complete of Signer of Signer.	a. Financial I Account Code b. Purpose Period Begin Balance in compliance with all applicable provisi of funds are commingled with prohibited of that I have been trained by the NC State J. J.C. Longe A.	c. Account Code d. Period Begin Balance \$ ons of Article 22A, 22B & 22D-22M of Chapter 163 r other non-disclosed funds. I further certify that this Board of Elections. 3-3-2014 inted Treasurer Delivery Method
a. Financial Institution Full Name b. Purpose c. A d. 1 \$ CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct and Printed Name of Signer FOR OFFICE USE ONLY Date Received: 2/6	a. Financial I Account Code b. Purpose Period Begin Balance in compliance with all applicable provision funds are commingled with prohibited of that I have been trained by the NC State W Jr. Signature of Appointment of Application	c. Account Code d. Period Begin Balance \$ ons of Article 22A, 22B & 22D-22M of Chapter 163 r other non-disclosed funds. I further certify that this Board of Elections. 3-3-2014 inted Treasurer Date
a. Financial Institution Full Name b. Purpose c. A d. I \$ CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct and Printed Name of Signer FOR OFFICE USE ONLY	a. Financial I Account Code b. Purpose Feriod Begin Balance s in compliance with all applicable provisi of funds are commingled with prohibited of that I have been trained by the NC State No. Signature of Appo	c. Account Code d. Period Begin Balance \$ ons of Article 22A, 22B & 22D-22M of Chapter 163 r other non-disclosed funds. I further certify that this Board of Elections. 3-3-2014 inted Treasurer Delivery Method Normal Mail
a. Financial Institution Full Name b. Purpose c. A d. I \$ CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct and Printed Name of Signer FOR OFFICE USE ONLY Date Received: 2/6	a. Financial I Account Code b. Purpose Period Begin Balance in compliance with all applicable provision funds are commingled with prohibited of that I have been trained by the NC State W Jr. Signature of Appointment of Application	c. Account Code d. Period Begin Balance \$ ons of Article 22A, 22B & 22D-22M of Chapter 163 r other non-disclosed funds. I further certify that this Board of Elections. 3-3-2014 inted Treasurer Delivery Method Normal Mail Registered Mail
a. Financial Institution Full Name b. Purpose c. A d. 1 \$ CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct and Printed Name of Signer FOR OFFICE USE ONLY Date Received: 2/6 Date Postmarked:	a. Financial I Account Code b. Purpose Feriod Begin Balance in compliance with all applicable provision funds are commingled with prohibited of that I have been trained by the NC State Signature of Appointment o	c. Account Code d. Period Begin Balance \$ ons of Article 22A, 22B & 22D-22M of Chapter 163 r other non-disclosed funds. I further certify that this Board of Elections. 3-3-2014 inted Treasurer Delivery Method Normal Mail Registered Mail Hand Delivered

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 (c.)

Amendment ☐ Yes ☐ No

	accompanied by forms C	2RO-3100 and C	RO-3500 (when an	nending, on	ily re-submit if	applicable).
1. Committee Info	rmation		THE RESERVE OF THE PARTY OF THE			MIT RESERVED TO SERVE
a. Full Name					c. ID Number	
b. Mailing Address (include City, State and Zip Code)				XHL	IXO	
					d. Date Organ	inized
361 B	ridgeside Z Point, NC	Rd.			3-3	3-2014 mber
MOCKY 1	Point, NC	28457				25-8653
2. Candidate Infor	rmation			Candid	late's Primary Co	
a. Full Name	mation		e. Candidate ID Nun		f. Party Affili	
George 1	Robinson Bi		The first service and resemble to the service and the service			-partisan if applicable)
b. Mailing Address (inc	clude City, State, and Zip Co	ade)	g. Office Sought			
361 Bride ROCKYPO	geside Rd. Bint NC 29.	457	County	Gmn	uission	er
c . Phone Number	d. Email Address		h. Next Election Year	r	i. Jurisdiction	
675-8653	brown 39026	Dbellsouthe	ext.		Total Consumers	
☐Email copy of 1	notices		1		ı	
3. Treasurer Infor			4. Custodian of H	Books Info	rmation	RESIDENCE DE LA COMPANIO
a. Full Name		海岸上的 阿斯尼克亚	a. Full Name			
	abinson Brow				All Sylving or an analysis of the sylving of the sy	Parlin and the second
	clude City, State, and Zip Coo	de)	b. Mailing Address (i	include City,	State, and Zip Co	de)
361 Bridge Rocky Poin	eside Rd. it NC 2845;	7			- Control of the Cont	
c. Phone Number	d. Email Address	And the second	c. Phone Number	d. Email A	Address	A GATE CORP. THE STATE OF
The second secon	brown 3902@be	Usouth net				100 III day 20 American de la conse
I prefer to receive	e notices by email	☐ Yes ☐ No	□ Email copy	of notices		AN ALEXANDER DE LA COMPANION D
5. Assistant Treasu		Add	6. Account Inform		(incl. CRO-3500)	Add
a. Full Name		Remove	a. Financial Institution		A STATE OF THE STA	Remove
b. Mailing Address (inc	clude City, State, and Zip Coo	de)	b. Purpose			
		1				
c. Phone Number	d. Email Address		c. Account Code	d. Type		
Email copy o			A			·
CERTIFICATION			AMERICA	decle elected	Angels, Assets	
	Committee or Fund is in c					
	e NC General Statutes an			th prohibite	d or other non-	disclosed funds.
I further certify the	at this report is complete.	, true and correct	()	<u>.</u> .,	-San	
George 1	R-Brown Jr		19. K. Ku	own c	h. 3-3	-14
/ Printed	d Name of Signer	V Sig€	nature of Appointed Tre	easurer /		Date



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

FILED BY.

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 DI.	
Candidate Name:	George Robinson Brown Jr. George Robinson Brown Jr.
Treasurer Name:	George Robinson Brown Ur.
Treasurer Address:	361 Bridgeside Rd. Rocky Point NC 29457
(include city, state, & zip)	Rocky Point NC 29457
Treasurer Phone:	910 675-8653

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).

3-3-2014 Date Signed

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

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 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:	George Kabinson Brown Jr.
Treasurer Name:	George Robinson Brown Tr.
Treasurer Address:	361 Bridgeside Rd.
(include city, state, & zip)	ROCKY POINTNC 28457
Treasurer Phone:	910 675-8653
election cycle under the pro until the end of the election expenditures during this ele of elections and file required THIS DECLARATION CAN I am withdrawing my to file the next scheduled	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 etion 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. Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.

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

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification to Close Committee

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

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

FILED BY:	
Committee Name:	George Tobinson Brown Ir.
Treasurer Name:	SAME
Treasurer Address:	361 Bridgeside Kol. Kackyfoint NC
(include city, state, & zip)	28457
Treasurer Phone:	910 675.8653

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.

2-17-2015 Date Signed