

**NOTICE OF CANDIDACY**

NORTH CAROLINA

PENDER COUNTY

ELECTION

PRIMARY

ELECTION DATE

03/15/2016

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: 7HL75A

RE: NOTICE OF CANDIDACY FOR OFFICE OF: BOARD OF EDUCATION 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 for _____ in District _____ in the _____ party primary election to be held on _____ I affiliate with the _____ 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 _____ party. I further certify that I have not changed my political party affiliation within the past seventy-five (75) days, nor have I changed from "unaffiliated" status to my current affiliation within the past seventy-five (75) 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 BOARD OF EDUCATION DISTRICT 3 in District _____ in the PRIMARY Election to be held on 03/15/2016 in PENDER 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 _____. (Provide if filing for judicial or District Attorney contests.)

CANDIDATE INFORMATION

DONALD AUSTIN HALL

Full Legal Name
4615 NC HWY 133

Donald "Don" Hall

Name to Appear on Ballot
PO BOX 224

Residential Address

ROCKY POINT, NC 28457

City, State and Zip

Mailing Address

ROCKY POINT, NC 28457

City, State and Zip

(910) 259-6332

Home Phone

Cell Phone

Business Phone

Email Address

FELONY DISCLOSUREHave 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. 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, DONALD AUSTIN HALL have been duly sworn, hereby state under oath that I have been commonly known by the nickname, DON for at least five years and request that my name be placed on the ballot as follows: Donald "Don" Hall. 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: DONALD A "Don" HALL

(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

[Signature]

Signature of Candidate

12/01/2015

Date

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

Committee to Elect Donald Hall

c. ID Number

7HL75A

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

P.O. Box 224
Rocky Point, NC 28457

d. Date Filed

12-1-15

e. Phone Number

910-259-6332

2. Report Year

2016

3. Period Start Date (mm/dd/yy)

12-1-15

4. Period End Date (mm/dd/yy)

12-1-15

5. Treasurer Full Name

Donald Austin Hall

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day

- ☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☒ Organizational
☐ Quarterly

- ☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum

- ☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

8. Number of Fundraisers this Report

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

Donald Austin Hall

Printed Name of Signer

Donald Austin Hall

Signature of Appointed Treasurer

12/1/15

Date

FOR OFFICE USE ONLY

Date Received:

Employee:

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ 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.

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 |
| Committee to Elect Donald Hall | 7HL75A |
| b. Mailing Address (include City, State and Zip Code) | d. Date Organized |
| Po Box 224 Rocky Point, NC 28457 | 12-1-15 |
| | e. Phone Number |
| | 910-259-6332 |

2. Candidate Information

☐ Candidate's Primary Committee

| | | |
|--|------------------------|---|
| a. Full Name | a. Candidate ID Number | f. Party Affiliation |
| Donald Austin Hall | 7HL75A | Non Partisan (Indicate Non-partisan if applicable) |
| b. Mailing Address (include City, State, and Zip Code) | g. Office Sought | |
| Po Box 224 Rocky Point, NC 28457 | Board of Education | |
| c. Phone Number | d. Email Address | h. Next Election Year |
| 910-259-6332 | | 2016 |
| <input type="checkbox"/> Email copy of notices | | i. Jurisdiction |
| | | District 3 Bd of Ed |

3. Treasurer Information

| |
|--|
| a. Full Name |
| Donald Austin Hall |
| b. Mailing Address (include City, State, and Zip Code) |
| Po Box 224 Rocky Point, NC 28457 |
| c. Phone Number |
| 910-259-6332 |

4. Custodian of Books Information

| |
|--|
| a. Full Name |
| Donald Austin Hall |
| b. Mailing Address (include City, State, and Zip Code) |
| Po Box 224 Rocky Point, NC 28457 |
| c. Phone Number |
| 910-259-6332 |

I prefer to receive notices by email ☐ Yes ☐ No ☐ Email copy of notices

5. Assistant Treasurer Information

| | |
|--|--|
| a. Full Name | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | |
| b. Mailing Address (include City, State, and Zip Code) | |
| | |
| c. Phone Number | d. Email Address |
| | |
| <input type="checkbox"/> Email copy of notices | |

6. Account Information (incl. CRO-3500)

| | |
|------------------------------------|--|
| a. Financial Institution Full Name | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | |
| b. Purpose | |
| | |
| c. Account Code | d. Type |
| | |

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.

Donald A. Hall
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

12-1-15
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

Certification of Treasurer

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

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

FILED BY:

Candidate Name:

Donald Austin Hall

Treasurer Name:

Donald Austin Hall

Treasurer Address:

P.O. Box 224

(include city, state, & zip)

Rocky Point, NC 28457

Treasurer Phone:

910-259-6332

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).

12-1-15

Date Signed

192 u Paul

Signature of Candidate



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 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.

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

FILED BY:

Committee Name: Committee to Elect Donald Hall
Treasurer Name: Donald Austin Hall
Treasurer Address: PO Box 224
(include city, state, & zip) Rocky Point, NC 28457

Treasurer Phone: 910-259-6332

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.

12-1-15

Date Signed

Dr. A. Hall

Signature



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.

FILED BY:

Committee Name: Committee to Elect Donald Hall
Treasurer Name: Donald A Hall
Treasurer Address: PO Box 224
(include city, state, & zip) Rocky Point, NC 28457

Treasurer Phone: 910-200-2217

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.

4-5-16

Date Signed

Gr A AM

Signature

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