



**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: 2HLN4V

RE: NOTICE OF CANDIDACY FOR OFFICE OF: COUNTY COMMISSIONER DISTRICT 4

**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 COUNTY COMMISSIONER DISTRICT 4  
in District \_\_\_\_\_ in the DEMOCRATIC party primary election to be held on 03/15/2016  
I affiliate with the DEMOCRATIC 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 DEMOCRATIC 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 \_\_\_\_\_  
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 \_\_\_\_\_. (Provide if filing for judicial or District Attorney contests.)

**CANDIDATE INFORMATION**

JODY DEAN WOODCOCK

Full Legal Name  
215 S STRINGFIELD ST

Jody Woodcock

Name to Appear on Ballot  
PO BOX 114

Residential Address

ATKINSON, NC 28421

City, State and Zip

Mailing Address

ATKINSON, NC 28421

City, State and Zip

(910) 540-9438

Home Phone

Cell Phone

Business Phone

Email Address

**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, \_\_\_\_\_ have been duly sworn, hereby state under oath that I have been commonly known by the nickname,  
Legal Name  
\_\_\_\_\_ for at least five years and request that my name be placed on the ballot as follows:  
Nickname  
\_\_\_\_\_. In the event that another candidate with the same last name as mine files notice of candidacy for the  
Name to Appear on Ballot  
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 Jody Woodcock  
Signature of Candidate

12/18/2015  
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

<b>1. Committee Information</b>			
<b>a. Full Name</b>		<b>c. ID Number</b>	
Jody Dean Woodcock			
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Date Filed</b>	
P.O. Box 114 Atkinson NC 28421		12-18-15	
		<b>e. Phone Number</b>	
		910-540-9438	
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>
2016	12-18-15	12-18-15	Jody Woodcock
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<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 <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 <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	
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>10. Special Report Name</b>	
<b>8. Number of Fundraisers this Report</b>			
<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$		\$
<b>CERTIFICATION</b>			
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.			
Jody Dean Woodcock		Jody Dean Woodcock	
Printed Name of Signer		Signature of Appointed Treasurer	
		12-18-15	
		Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	_____	Employee:	_____
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
<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.			

# 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).

<b>1. Committee Information</b>					
a. Full Name				c. ID Number	
Jody Dean Woodcock					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
P.O. Box 114 Atkinson NC. 28421				12-18-15	
				e. Phone Number	
				910-540-9435	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name			e. Candidate ID Number		f. Party Affiliation
Same					
					(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
<b>3. Assistant Treasurer Information</b>			<b>6. Account Information</b> (Amend CRO-3500)		
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			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		
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
Jody Dean Woodcock			Jody Woodcock		12-18-15
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

### 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: Jody Woodcock  
Treasurer Name: Same  
Treasurer Address: P.O. Box 114  
(include city, state, & zip) Atkinson N.C. 28421  
  
Treasurer Phone: 910-540-9438

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).

12-18-15

Date Signed

Jody Woodcock  
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: Jody Woodcock

Treasurer Name: Same

Treasurer Address: P.O. Box 114

(include city, state, & zip) Atkinson N.C. 28421

Treasurer Phone: 910.540.9438

**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.

12.18.15

Date Signed

Jody Woodcock  
Signature