



NOTICE OF CANDIDACY NORTH CAROLINA

ELECTION

2016 GENERAL ELECTION

ELECTION DATE

November 8, 2016

JURISDICTION

JURISDICTION
VALUE

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

TO: COUNTY BOARD OF ELECTIONS

Candidate ID: _____

RE: NOTICE OF CANDIDACY FOR OFFICE OF: SOIL & WATER CONSERVATION DISTRICT

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 SOIL & WATER CONSERVATION DISTRICT
in District N/A in the GENERAL Election to be held on 11/8/2016 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

Full Legal Name

Don Martin Rawls

Name to Appear on Ballot

Don M. Rawls

Residential Address

1811 Lake Rd

Mailing Address

Same

City, State and Zip

Watha NC 28478

City, State and Zip

Home Phone

910-285-8883

Cell Phone

910-284-2008

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. 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,

_____. 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

Don Martin Rawls

Signature of Candidate

6/22/16

Date

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	Don Martin Rawls	c. ID Number	QHL29I
b. Mailing Address (Include City, State and Zip Code)	1811 Lake Rd Watha NC 28478	d. Date Organized	6/22/16
		e. Phone Number	910-284-2008

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	Same	e. Candidate ID Number		f. Party Affiliation	
b. Mailing Address (Include City, State, and Zip Code)		g. Office Sought	Soil & Water		
c. Phone Number		d. Email Address		h. Next Election Year	
				i. Jurisdiction	
<input type="checkbox"/> Email copy of notices					

3. Treasurer Information

4. Custodian of Books Information

a. Full Name	Same	a. Full Name	
b. Mailing Address (Include City, State, and Zip Code)		b. Mailing Address (Include City, State, and Zip Code)	
c. Phone Number		c. Phone Number	
d. Email Address		d. Email Address	

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

5. Assistant Treasurer Information

☐ Add

☐ Remove

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (Include City, State, and Zip Code)		b. Purpose	
c. Phone Number		c. Account Code	
d. Email Address		d. Type	
<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.

Don Martin Rawls

Printed Name of Signer

Signature of Appointed Treasurer

6/22/16

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:

Don Martin Rawls

Treasurer Name:

D. Same

Treasurer Address:

1811 Lake Rd

(include city, state, & zip)

Watha N.C. 28478

Treasurer Phone:

910-284-2008

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).

6/22/16

Date Signed

Don Martin Rawls

Signature of Candidate



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State Board of Elections

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Raleigh, NC 27603

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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

FILED BY:

Committee Name:

Don Martin Rauls

Treasurer Name:

Same

Treasurer Address:

1811 Lake Rd

(include city, state, & zip)

Watha NC 28478

Treasurer Phone:

910-284-2008

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports. If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

Date Signed

Signature of Candidate or Treasurer

For Candidate Committees Only

☒ In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

6/22/16
Date Signed

Don Martin Rauls
Signature of Candidate or Treasurer



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
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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:

Don Martin Rawls

Treasurer Name:

Same

Treasurer Address:

1811 Lake Rd

(include city, state, & zip)

Watha NC 28478

Treasurer Phone:

910-284-2008

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.

6/22/16

Date Signed

Don M. Rawls

Signature