



NOTICE OF CANDIDACY
NORTH CAROLINA
PENDER COUNTY

ELECTION

GENERAL

ELECTION DATE

11/08/2016

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: 0HLCXM

RE: NOTICE OF CANDIDACY FOR OFFICE OF: PENDER COUNTY REGISTER OF DEEDS

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 PENDER COUNTY REGISTER OF DEEDS
in District _____ in the _____ party primary election to be held on 11/08/2016
I affiliate with the REPUBLICAN 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 REPUBLICAN 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

SHARON LEAR WILLOUGHBY

Full Legal Name
116 LIBERTY RD

Sharon Lear Willoughby

Name to Appear on Ballot

Residential Address

WILLARD, NC 28478

City, State and Zip

Mailing Address

City, State and Zip

Home Phone

(910) 990-3567

Cell Phone

(910) 259-1225

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,
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 Sharon Lear Willoughby
Signature of Candidate

12/01/2015

Date

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 (when amending, only re-submit if applicable).

Amendment

☒ Yes

☐ No

1. Committee Information

a. Full Name	c. ID Number
Sharon Lear Willoughby	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
1745 Lamb Rd Willard NC 28478	
	e. Phone Number
	910-990-3567

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Sharon Lear Willoughby		Republican
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Non-partisan if applicable)
1745 Lamb Rd Willard	Register of Deeds	
c. Phone Number	d. Email Address	h. Next Election Year
910-990-3567	sharonwilloughby@yahoo.com	2016
<input type="checkbox"/> Email copy of notices		i. Jurisdiction

3. Treasurer Information

a. Full Name
Sharon Willoughby
b. Mailing Address (include City, State, and Zip Code)
1745 Lamb Rd Willard NC 28478

4. Custodian of Books Information

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

c. Phone Number	d. Email Address	e. Phone Number	f. Email Address
910-990-3567			

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

5. Assistant Treasurer Information

☐ Add ☐ Remove

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

6. Account Information (incl. CRO-3500)

☐ Add ☐ Remove

a. Financial Institution Full Name	b. Purpose		
c. Phone Number	d. Email Address	e. Account Code	f. 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.

Sharon Willoughby
Printed Name of Signer

Sharon Willoughby
Signature of Appointed Treasurer

8-3-16
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:

Sharon Lear Willoughby

Treasurer Name:

Sharon Willoughby

Treasurer Address:

1745 Lamb Rd

(include city, state, & zip)

Willard NC 28478

Treasurer Phone:

910-990-3567

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).

8-3-16

Date Signed

Sharon Lear Willoughby

Signature of Candidate

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 Sharon Lear Willoughby		Register of Deeds	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
116 Liberty Rd Willard, NC 28478		12-1-15	
		e. Phone Number	
		910-990-3567	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	
Sharon Lear Willoughby			
b. Mailing Address (include City, State, and Zip Code)		f. Party Affiliation	
116 Liberty Rd Willard NC		Republican	
		(Indicate Non-partisan if applicable)	
c. Phone Number		g. Office Sought	
910-990-3567		Register of Deeds	
d. Email Address		h. Next Election Year	
sharonbwilloughby@yahoo.com		2016	
<input type="checkbox"/> Email copy of notices		i. Jurisdiction	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Sharon Lear Willoughby			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same as above			
c. Phone Number		c. Phone Number	
d. Email Address		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	
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
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.			
Sharon Lear Willoughby		Sharon Lear Willoughby	
Printed Name of Signer		Signature of Appointed Treasurer	
		12-1-15	
		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 Sharon Lear Willoughby *Register of Deeds*

c. ID Number

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

116 Liberty Rd
Willard, NC 28478

d. Date Filed

12-1-15

e. Phone Number

910-990-3567

2. Report Year

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

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

5. Treasurer Full Name

Sharon Lear Willoughby

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

SW

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.

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

Date Received:

12/1/15

Employee:

[Signature]

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.



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:

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

Sharon Lear Willoughby
Sharon Lear Willoughby
116 Liberty Rd
Willard, NC 28478

910-990-3567

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

Sharon Lear Willoughby
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 Sharon Lear Willoughby ^{Register of Deeds}

Treasurer Name:

Sharon Lear Willoughby

Treasurer Address:

116 Liberty Rd

(include city, state, & zip)

Willard, NC 28478

Treasurer Phone:

910-990-3567

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

Sharon Lear Willoughby
Signature



RECEIVED JAN 27 2017

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

Kim Westbrook Strach
Executive Director

Mailing Address
Pender County Board of Elections
807 S. Walker Street
PO Box 1232
Burgaw, NC 28425

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:

Committee to elect Sharon Lear Willoughby

Treasurer Name:

Sharon Willoughby

Treasurer Address:

1745 Lamb Rd

(include city, state, & zip)

Willard NC 28418

Treasurer Phone:

910-990-3567

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.

1-25-17

Date Signed

Sharon Lear Willoughby

Signature