



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 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

TO: PENDER COUNTY BOARD OF ELECTIONS Candidate ID: 7HLJ98
RE: NOTICE OF CANDIDACY FOR OFFICE OF: COUNTY COMMISSIONER DISTRICT 5

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 5
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

SHEREE EVONNE SHEPARD

Full Legal Name
1111 STANFORD AVE 205

Sheree Shepard

Name to Appear on Ballot

Residential Address

BURGAW, NC 28425

City, State and Zip

Mailing Address

City, State and Zip

(910) 431-9943

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. 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

Sheree Shepard
Signature of Candidate

12/01/2015

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

1. Committee Information			
a. Full Name <u>Sherree Shepard</u>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>1111 Standford Ave Apt 205</u> <u>Buigaw NC 28425</u>		d. Date Filed <u>12-1-15</u>	
		e. Phone Number <u>(910) 431-9943</u>	
2. Report Year <u>2016</u>	3. Period Start Date (mm/dd/yy) <u>12-1-15</u>	4. Period End Date (mm/dd/yy) <u>12-1-15</u>	5. Treasurer Full Name <u>Sherree Shepard</u>
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<input type="checkbox"/> Municipal <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 <input checked="" type="checkbox"/> State/County <input checked="" type="checkbox"/> Organizational <input checked="" 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	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name	
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Bank of America</u>		a. Financial Institution Full Name	
b. Purpose <u>Campaign</u>	c. Account Code <u>SS</u>	b. Purpose	c. Account Code <u>SS</u>
	d. Period Begin Balance <u>\$ 0</u>		d. Period Begin Balance <u>\$</u>
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.			
<u>Sherree Shepard</u> Printed Name of Signer		<u>Sherree Shepard</u> Signature of Appointed Treasurer	
		<u>12/1/15</u> Date	
FOR OFFICE USE ONLY			
Date Received:	_____	Employee:	_____
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
Delivery Method			
<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			
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

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

Sheree Shepard

c. ID Number

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

1111 Standford Ave Apt 205
Burgaw NC 28425

d. Date Organized

12/1/15

e. Phone Number

(910) 431-9943

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

Sheree Shepard

a. Candidate ID Number

f. Party Affiliation

(Indicate Non-partisan if applicable)

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

1111 Standford Ave Apt 205 Burgaw NC 28425

g. Office Sought

c. Phone Number

(910) 431-9943

d. Email Address

ShereeShepard780outlook.com

h. Next Election Year

i. Jurisdiction

☐ Email copy of notices

3. Treasurer Information

a. Full Name

Sheree Shepard

4. Custodian of Books Information

a. Full Name

N/A

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

1111 Standford Ave Apt 205 Burgaw NC 28425

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

c. Phone Number

d. Email Address

c. Phone Number

(910) 431-9943

d. Email Address

ShereeShepard780outlook.com

I prefer to receive notices by email

☐ Yes

☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

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

☐ 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.

Sheree Shepard
Printed Name of Signer

Sheree Shepard
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:

Sheree Shepard

Treasurer Name:

Sheree Shepard

Treasurer Address:

111 Stanford Ave Apt 205

(include city, state, & zip)

Burgaw NC 28425

Treasurer Phone:

(910) 431-9943

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

Sheree Shepard

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:

Sheree Shepard

Treasurer Name:

Sheree Shepard

Treasurer Address:

1111 Stanford Ave Apt 205

(include city, state, & zip)

Burgaw NC 28525

Treasurer Phone:

(910) 431-9943

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

Sheree Shepard

Signature