



STATE OF NORTH CAROLINA
COUNTY OF PENDER
NOTICE OF CANDIDACY

ELECTION MUNICIPAL
ELECTION DATE 11/07/2017
JURISDICTION MUNI JURISDICTION VALUE WA

TO: PENDER COUNTY BOARD OF ELECTIONS
RE: NOTICE OF CANDIDACY FOR OFFICE OF: TOWN OF WATHA COMMISSIONER
DATE: 07/19/2017 SEAT NAME (Judicial contests only): _____

CANDIDATE INFORMATION

DAVID ALLEN WELLS David Allen Wells
Full Legal Name *Name to Appear on Ballot*
637 WATHA RD _____
Residential Address *Mailing Address*
WATHA, NC 28478 _____
City, State and Zip *County* *City, State and Zip*
Campaign Phone Number *Campaign Email Address* *NC State Bar No. (Judicial and District Attorney Candidates only)*

CANDIDATE'S PLEDGE

☐ Complete only if filing for a partisan office (including judicial): I hereby file notice as a candidate for nomination as _____ 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 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. I further certify that I have not changed my political party affiliation within the past 90 days, nor have I changed from "unaffiliated" status to my current affiliation within the past 90 days.

☒ Complete only if filing for a non-partisan office: I hereby file notice that I am a candidate for election to the office of TOWN OF WATHA COMMISSIONER (at-large) (for the _____ Ward/District) in the regular municipal election to be held in _____ on 11/07/2017.

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 a "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

(complete only if you would like an acceptable nickname to appear on the ballot in lieu of your legal name)

I, _____, have been duly sworn, hereby state under oath that I have been commonly known by the nickname, _____ for at least five years and request that my name be placed on the ballot as follows: _____

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: _____

CANDIDATE'S CERTIFICATION AND PLEDGE

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

I swear or affirm that the statements on this form are true, correct and complete to the best of my knowledge or belief.

X David Allen Wells
Signature of Candidate

07/19/2017
Date

Each candidate shall sign the notice of candidacy in the presence of the chairman or secretary of the board of elections, State or county, with which the candidate files. In the alternative, a candidate may have the candidate's signature on the notice of candidacy acknowledged and certified to by an officer authorized to take acknowledgments and administer oaths, in which case the candidate may mail or deliver by commercial courier service the candidate's notice of candidacy to the appropriate board of elections.

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	
David Allen Wells		CHL917	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
637 Watha Rd Willard NC 28478		7-19-2017	
		e. Phone Number	
		910-284-2923	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	f. Party Affiliation
David Allen Wells			Non-Partisan
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
637 Watha Rd Willard NC 28478		Town Commissioner - Watha	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910-284-2923		2017	
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
David Allen Wells		David Allen Wells	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
637 Watha Rd Willard NC 28478		637 Watha Rd Willard NC 28478	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-284-2923		910-284-2923	
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information (incl. 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			
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.			
David Allen Wells		David Allen Wells	
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:

David Allen Wells

Treasurer Name:

David Allen Wells

Treasurer Address:

637 Watha Rd

(include city, state, & zip)

Willard NC 28478

Treasurer Phone:

910-284-2923

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).

8/9/17

Date Signed

David Allen Wells

Signature of Candidate



North Carolina
State Board of Elections
441 N Harrington Street
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Kim Westbrook Strach
Executive Director

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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:

David Allen Wells

Treasurer Name:

David Allen Wells

Treasurer Address:

637 Watha Rd

(include city, state, & zip)

Willard NC 28478

Treasurer Phone:

910-284-2923

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.

4-89-19

Date Signed

David Wells

Signature



RECEIVED FEB 26 2018

NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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: David Allen Wells

Treasurer Name: David Allen Wells

Treasurer Address: 637 Watha Rd

(include city, state, & zip) Willard, NC 28478

Treasurer Phone: (910) 284-2923

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.

2-26-18

Date Signed

David Allen Wells

Signature