



TO THE Pender COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as N.C. House
(Name of Office)

District 16 in the Republican Party Primary Election scheduled for September 10,
(Name of Political Party)

2002. 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 ninety (90) days, nor have I changed from "unaffiliated" status to my current affiliation within the past ninety (90) days.

I pledge that if I am defeated in the primary, I will not run for any office as a write-in candidate in the next general election.

102 Coral Ct
P.O. Box 296
Residence Address
Hampstead NC 28443
City, State, Zip

Carolyn H. Justice
Name as it will appear on Ballot
[Signature]
Signature of Candidate

P.O. Box 296
Mailing Address
Hampstead NC 28443
City, State, Zip

910-270-4604
Home Telephone
910-270-9975
Work Telephone

Certification of Notice of Candidacy

I hereby certify that _____, the candidate who signed above, personally appeared before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her signature to be the same.
(Name as it will appear on Ballot)

This _____ day of _____ 2002.

Signature of Certifying Officer

Title of Certifying Officer

My commission expires: _____

Verification by County Board

The undersigned has examined the voter registration records in _____ County and found _____ to be a registered voter, affiliated with the _____ Party and that subject candidate has not changed his/her political party affiliation within the past ninety (90) days.

County

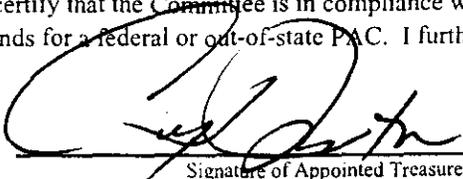
Date

Chairman or Director

Statement of Organization

1. Name of Committee <i>Justice for All</i>						7. Date <i>7/22/02</i>
2. Address of Committee <i>P.O. Box 296</i>						8. ID Number
3. City <i>Hampstead</i>	4. State <i>NC</i>	5. Zip <i>28443</i>	6. Phone <i>910-270-9925</i>	9. Amendment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Committee (Check one and complete the respective information required below.)						
<input type="checkbox"/> 10. Candidate Committee			<input type="checkbox"/> Primary Candidate Committee			
<i>(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)</i>						
a. Name of Candidate <i>Carolyn H. Justice</i>	b. Candidate ID Number	c. Office <i>NC State House</i>	d. Party Affiliation <i>Republican</i>	e. Dist/Cty/Mun <i>16</i>		
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser			<input type="checkbox"/> Primary Candidate Committee			
a. If Fundraiser, Name of Event			b. If Fundraiser, Event Location			
c. Candidate Names			d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits %
						%
						%
						%
						%
<input type="checkbox"/> 12. Party Committee						
a. Type (Check one)					b. Party	
<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate						
<input type="checkbox"/> 13. General Political Committee						
a. Category (Check one)						
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Health <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trade <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Environment <input type="checkbox"/> Insurance <input type="checkbox"/> Minority <input type="checkbox"/> Utilities <input type="checkbox"/> Religious <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Legal <input type="checkbox"/> Information Tech/Telecommunications <input type="checkbox"/> Political Party not part of the Party Plan of Organization <input type="checkbox"/> Other:						
b. Type (Check one)			c. Definition of Type			
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose						
<input type="checkbox"/> Economic Interest						
d. Member Definition						
Connected Organization or Affiliated Committee						
e. Name		f. Mailing Address (include city, state, & zip)			g. Relationship	
<input type="checkbox"/> 14. Referendum Committee						
a. Name of Referendum			b. Referendum Date		c. Declaration (Check one)	
					<input type="checkbox"/> Support <input type="checkbox"/> Oppose	

Statement of Organization

15. Treasurer Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Kelly Craddock	704 Cedar Ave	Hampstead	NC	28443	329-4535
g. Email Address					
16. Assistant Treasurer Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					
17. Custodian of Books Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Carolyn H. Justice	P.O. Box 296	Hampstead	NC	28443	270-9925
g. Email Address					
18. Bank/Depository/Credit Account Information					
a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
Carolina First	P.O. Box 369	Hampstead	NC	28443	Checking
g. Purpose				h. Code	
Campaign Report Acct					
g. Purpose				h. Code	
19. Certification of Threshold <i>(for Candidate and Party Committees Only)</i>					
<input type="checkbox"/> I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.					
<input type="checkbox"/> I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.					
CERTIFICATION					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
 _____ Signature of Appointed Treasurer or Candidate				_____ Date	



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

Kimberly Westbrook
 Deputy Director - Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:
 Treasurer Name:
 Treasurer Address:
 (include city, state, & zip)

Carolyn H. Justice
Kelly Craddock
704 Cedar Ave
Hampstead NC 28443

Treasurer Phone:

910-329-4531

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.

7/22/02
 Date Signed

Signature of Candidate