



TO THE Pender COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as NC House  
(Name of Office)

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

2002. 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 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.

181 Willard Rd  
Residence Address

Dwight Strickland  
Name as it will appear on Ballot

Willard N.C. 28478  
City, State, Zip

Dwight Strickland  
Signature of Candidate

181 Willard Rd  
Mailing Address

910-285-3941  
Home Telephone

Willard NC 28478  
City, State, Zip

910-285-7988  
Work Telephone

**Certification of Notice of Candidacy**

I hereby certify that Dwight Strickland, 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 26<sup>th</sup> day of July, 2002.

Frances P. Perin  
Signature of Certifying Officer

Notary  
Title of Certifying Officer

My commission expires: 10-22-04

**Verification by County Board**

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

Pender  
County

7-26-02  
Date

Frances P. Perin  
Chairman or Director

# Statement of Organization

1. Name of Committee <b>Dwight Strickland For N.C. House</b>						7. Date <b>7-26-02</b>	
2. Address of Committee <b>181 Willard Rd</b>						8. ID Number	
3. City <b>Willard</b>		4. State <b>NC</b>		5. Zip <b>28478</b>		6. Phone <b>985-3941</b>	
						9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Type of Committee** (Check one and complete the respective information required below.)

**10. Candidate Committee**  Primary Candidate Committee  
*(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)*

a. Name of Candidate	b. Candidate ID Number	c. Office	d. Party Affiliation	e. Dist/Cty/Mun
<b>Dwight Strickland</b>		<b>NC House</b>		<b>16</b>

**11. Joint Candidate Committee or Fundraiser**  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
				%
				%
				%
				%

**12. Party Committee**

a. Type (Check one)			b. Party	
<input type="checkbox"/> National	<input type="checkbox"/> State	<input type="checkbox"/> Subordinate		

**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)

<input type="checkbox"/> Parent Entity	<input type="checkbox"/> Political Purpose
<input type="checkbox"/> Economic Interest	

c. Definition of Type

d. Member Definition

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**Connected Organization or Affiliated Committee**  
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e. Name	f. Mailing Address (include city, state, & zip)	g. Relationship

**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
Dwight Strickland	181 Willard Rd	Willard	N.C	28478	255-3841
g. Email Address					

## 16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
NA					
g. Email Address					

## 17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Dwight Strickland	181 Willard Rd	Willard	NC	28478	285 3841
g. Email Address					

## 18. Bank/Depository/Credit Account Information

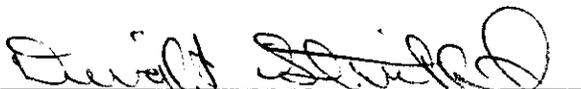
a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
B B & T	415 N Norwood St.	Wallace	NC	28466	
g. Purpose					h. Code
					WTT=
g. Purpose					h. Code

## 19. Certification of Threshold *(for Candidate and Party Committees Only)*

- 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.
- 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

7-26-02  
 \_\_\_\_\_  
 Date

*mailed originals  
 to SBA  
 7-29-02*



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:

Dwight Strickland

Treasurer Name:

Dwight Strickland

Treasurer Address:

181 Willard Rd

(include city, state, & zip)

Willard Ave 28428

Treasurer Phone:

910 - 285 - 3941

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.

7-26-02  
 Date Signed

Dwight Strickland  
 Signature of Candidate