

## NOTICE OF CANDIDACY (NON-PARTISAN) FOR St Helena Mayor

Date: 07/25/2003

Candidate ID: 3RYR8Z

I hereby file notice that I am a candidate for election to the office of St Helena Mayor (Village of St Helena) in the municipal elections to be held in Village of St Helena, North Carolina on 11/04/2003.

I request that my name appear on the ballot as follows:

Robert Barnhill

(Please print or type name above)

**Residential Address**

115 Northwest Ave

Street Address

Burgaw NC 28425

City, State, Zip

**Mailing Address (if different)**

115 Northwest Ave

Street Address

Burgaw NC 28425

City, State, Zip

**Telephone Number(s)**

Business

(910) 259-5045

Home

Cell

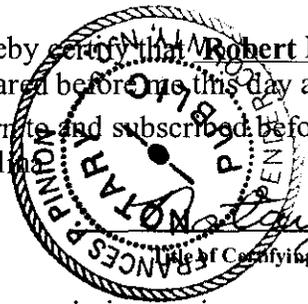


Signature of Candidate (legal name)

### Certification of Notice of Candidacy

I hereby certify that Robert Mcrae Barnhill Senior, the candidate who signed above, personally appeared before me this day and signed in my presence.

Sworn to and subscribed before me this 25th day of July, 2003. PENDER County, North Carolina



Frances P. Pinin  
Notary Public



Signature of Certifying Officer

My commission expires: 10-22-04

### Verification by County Board of Elections

The undersigned has examined the voter registration records in PENDER County and found Robert Mcrae Barnhill Senior to be a registered voter in the municipality of St. Helena.

7-25-03  
Date

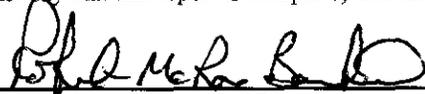
Pender  
County

Frances P. Pinin  
Chairman or Director

The Notice of Candidacy must be signed in the presence of the chairman or secretary of the Board of Elections with which he/she files or a candidate may have his/her signature on the Notice of Candidacy acknowledged and certified to by any officer authorized to administer an oath. (See NCGS § 163-106.) In signing his/her notice of candidacy the candidate may use a nickname provided the candidate complies with the requirement specified in GS § 163-106 and GS § 163-323(a).

# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>1. Committee Information</b>  |  |   |  |  |  |
| a. Full Name   |  |   | c. ID Number   |  |  |
| Robert McRae Barnhill  |  |   |  |  |  |
| b. Mailing Address (include City, State and Zip Code)  |  |   | d. Date Organized                                      |  |  |
| 115 Northwest Ave.<br>Burgaw, NC 28425   |  |   | 7-25-03  |  |  |
|  |  |   | e. Phone Number  |  |  |
|  |  |   | 910-259-5045   |  |  |
| <b>2. Candidate Information</b>  |  |   | <input type="checkbox"/> Candidate's Primary Committee |  |  |
| a. Full Name   |  | c. Candidate ID Number  |  | d. Party Affiliation   |  |
| See 1a above   |  |   |  | NP   |  |
| b. Mailing Address (include City, State, and Zip Code)   |  | e. Office Sought  |  | f. Jurisdiction  |  |
| See 1b above   |  | Mayor   |  | St. Helena   |  |
|  |  | <i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i> |  |  |  |
| <b>3. Treasurer Information</b>  |  |   | <b>4. Custodian of Books Information</b>               |  |  |
| a. Full Name   |  |   | a. Full Name   |  |  |
| See 1a above   |  |   | See 1a above   |  |  |
| b. Mailing Address (include City, State, and Zip Code)   |  |   | b. Mailing Address (include City, State, and Zip Code) |  |  |
| See 1b above   |  |   | See 1b above   |  |  |
| c. Phone Number  |  | d. Email Address  |  | c. Phone Number  |  |
|  |  |   |  |  |  |
| <b>5. Assistant Treasurer Information</b>  |  | <input type="checkbox"/> Add <input type="checkbox"/> Remove                            |  | <b>6. Account Information (incl. CRO-3500)</b>               |  |
| a. Full Name   |  | a. Financial Institution Full Name  |  | <input type="checkbox"/> Add <input type="checkbox"/> Remove |  |
| NONE   |  | No Bank Account   |  |  |  |
| b. Mailing Address (include City, State, and Zip Code)   |  | b. Purpose  |  |  |  |
|  |  |   |  |  |  |
| c. Phone Number  |  | d. Email Address  |  | c. Code  |  |
|  |  |   |  |  |  |
| <b>CERTIFICATION</b>   |  |   |  |  |  |
| 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. |  |   |  |  |  |
| Robert McRae Barnhill  |  |     |  | 7-25-03  |  |
| Printed Name of Signer   |  | Signature of Appointed Treasurer  |  | 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: Robert McRae Barnhill

Treasurer Name: Robert McRae Barnhill

Treasurer Address: 115 Northwest Ave

(include city, state, & zip) Bergaw, N.C. 28425

Treasurer Phone: 910-259-5045

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.

2-25-03  
Date Signed

[Signature]  
Signature of Candidate



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**Certification of Threshold**

**FILED BY:**

Committee Name:

Robert McKay Bernhard

Treasurer Name:

Robert McKay Bernhard

Treasurer Address:

115 Northwest Ave

(include city, state, & zip)

Bergaw, N.C. 28425

Treasurer Phone:

910-257-5045

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 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 \$3,000 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.

I am withdrawing my Certification to remain under the \$3000 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.

7-25-03  
Date Signed

[Signature]  
Signature



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 Fax: (919) 715-8047

**Certification to Close Committee**

**FILED BY:**

Committee Name: Robert McRae Baruchill  
 Treasurer Name: Robert McRae Baruchill  
 Treasurer Address: 115 Northwest Ave  
 (include city, state, & zip) Burgaw, N.C. 28425  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 510-259-6045

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 \$3,000 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 \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

12-18-03  
 Date Signed

Signature

DEC 22 2003