

NOTICE OF CANDIDACY (NON-PARTISAN) FOR Surf City Councilman

Date: 07/07/2003

Candidate ID: ZNYRZS

I hereby file notice that I am a candidate for election to the office of Surf City Councilman (Town of Surf City) in the municipal elections to be held in Town of Surf City, North Carolina on 11/04/2003.

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

Donald Helms

(Please print or type name above)

Residential Address

1135 S Topsail Dr

Street Address

Surf City NC 28445

City, State, Zip

Mailing Address (if different)

1135 S Topsail Dr

Street Address

Surf City NC 28445

City, State, Zip

Telephone Number(s)

Business

(910) 328-4268

Home

Cell

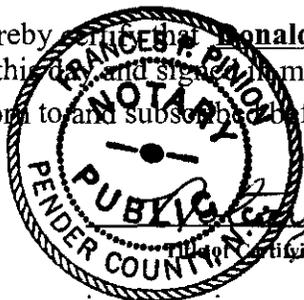
Donald Ray Helms

Signature of Candidate (legal name)

Certification of Notice of Candidacy

I hereby certify that Donald Ray Helms, the candidate who signed above, personally appeared before me this 7th day of July, 2003, and signed in my presence.

Sworn to and subscribed before me this 7th day of July, 2003.



Notary Public

Frances P. Pinior

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 Donald Ray Helms to be a registered voter in the municipality of Surf City.

7-7-03

Date

Pender

County

Frances P. Pinior

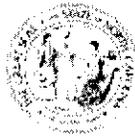
Chairman or Director

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

1. Committee Information					
a. Full Name				c. ID Number	
Helms For Town Council				ZNYR2S	
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
1135 S. Topsail Dr. Surf City, N.C. 28445				7-7-03	
				e. Phone Number	
				910-328-4268	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee		
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
Donald Ray Helms				Non-Partisan Helms	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
1135 S. Topsail Dr. Surf City, N.C. 28445		Surf City Council <small>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</small>		Surf City	
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Donald Ray Helms			Bob Nolley		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
1135 S. Topsail Dr. Surf City, N.C. 28445			722 S. Topsail Dr.		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
328-4268			328-0771		
5. Assistant Treasurer Information		<input type="checkbox"/> Add	6. Account Information (incl. CRO-3500)		<input checked="" type="checkbox"/> Add
a. Full Name		<input type="checkbox"/> Remove	a. Financial Institution Full Name		<input type="checkbox"/> Remove
Michael Ray Helms			First National Bank of American		
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
Hobsonville, N.C.		Campaign			
c. Phone Number	d. Email Address	c. Code	d. Type		
910-		DRH	Checking		
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.					
Donald R. Helms		Donald Ray Helms		7-6-03	
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: Donald Ray Helms
Treasurer Name: Donald Ray Helms
Treasurer Address: 1135 S. Fipsail Dr.
(include city, state, & zip) Surf City, N.C. 28445

Treasurer Phone: 910-328-4268

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.

7-7-03
Date Signed

Donald Ray Helms
Signature of Candidate



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State Board of Elections

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Deputy Director – Campaign Reporting

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(919) 733-7173
Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name: Nelms For Town Council
Treasurer Name: Donald R. Nelms
Treasurer Address: 1135 S. Topsail Dr.
(include city, state, & zip) Surf City, N.C. 28445

Treasurer Phone: 328-4268

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.

7-7-03
Date Signed

Donald R. Nelms
Signature



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 Raleigh, NC 27611-7255
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 Fax: (919) 715-8047

Certification to Close Committee

FILED BY:

Committee Name: Don Helms for City Council
 Treasurer Name: Joy S. Rhodes
 Treasurer Address: 208 J N. Topsail Dr.
 (include city, state, & zip) P.O. Box 2447
Surf City, NC 28445
 Treasurer Phone: 910-328-5199

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

Joy S. Rhodes
 Signature

DEC 22 2003