

**NOTICE OF CANDIDACY  
FOR LEGISLATIVE AND COUNTY OFFICES  
2004**

**COUNTY BOARD OF ELECTIONS**

**TO THE PENDER COUNTY BOARD OF ELECTIONS:**

I hereby file notice as a candidate for nomination as **BOARD OF EDUCATION DISTRICT 5.**

District District 5 in the **NON-PARTISAN** Party Primary Election scheduled for July 20, 2004. I

affiliate with the **NON-PARTISAN** 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 **NON-PARTISAN** 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.

**384 CROOKED RUN RD**  
*Residence Address*

**DONNIE MARKS BROWN**  
*Name as it will appear on Ballot*

**WILLARD NC 28478**  
*City, State, Zip*

*Donnie Marks Brown*  
*Signature of Candidate*

**384 CROOKED RUN RD**  
*Mailing Address*

**(910) 285-7753**  
*Home Telephone*

*Work Telephone*

**WILLARD NC 28478**  
*City, State, Zip*

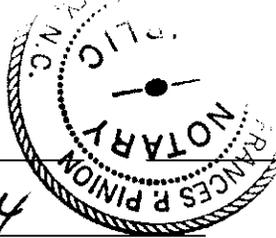
*State Bar Number (Judicial Offices only)*

**Certification of Notice of Candidacy**

I hereby certify that **DONNIE MARKS BROWN**, 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.

This **26th** day of **April**, 2004.

*Frances P. Pinion*  
*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 **DONNIE MARKS BROWN** to be a registered voter, affiliated with the **NON-PARTISAN** Party and that subject candidate has not changed his/her political party affiliation within the past ninety (90) days.

Pender

County

4-26-04

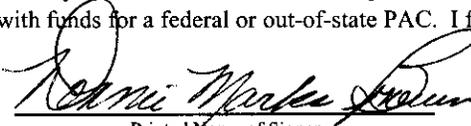
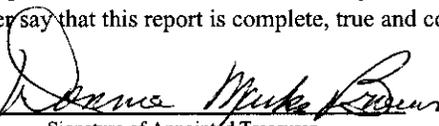
Date

*Frances P. Pinion*

Chairman or Director

# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Donnie Marks Brown			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
384 Crooked Run Rd. Willard, N.C 28478		4-26-04	
		e. Phone Number	
		285-7753	
<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Donnie Marks Brown			Non-Partisan
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
384 Crooked Run Rd. Willard, N.C 28478		Board of Education	Dist 5
		<small>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</small>	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Donnie Marks Brown		Donnie Marks Brown	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
384 Crooked Run Rd. Willard, N.C 28478		384 Crooked Run Rd. Willard, N.C 28478	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-285-7753		285-7753	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/>
NA		None	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Code	d. Type
<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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	4/26-04 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:

Donnie Marks Brown

Treasurer Name:

Donnie Marks Brown

Treasurer Address:

384 Crooked Run Rd.

(include city, state, & zip)

Willard, N.C. 28478

Treasurer Phone:

910-285-7753

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.

4/26/04  
Date Signed

Donnie Marks Brown  
Signature of Candidate



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Fax: (919) 715-8047

**Certification of Threshold**

**FILED BY:**

Committee Name:

Donni Marks Brown

Treasurer Name:

Donni Marks Brown

Treasurer Address:

384 Crooked Run Rd.

(include city, state, & zip)

Willard, NC - 28478

Treasurer Phone:

910 - 285-7753

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.

7/26/04  
Date Signed

Donni Marks Brown  
Signature



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: Donnie Marks Brown  
 Treasurer Name: Donnie Marks Brown  
 Treasurer Address: 384 Crooked Run Rd.  
 (include city, state, & zip) Willard, N.C. 28478  
 Treasurer Phone: 910-288-7753

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
NA				

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

4/26/04  
Date Signed

Donnie Marks Brown  
Signature of Candidate