

NOTICE OF CANDIDACY (NON-PARTISAN)

for the office of **Atkinson Alderman District III**

Date: **08/05/2005**

Candidate ID: **K8Y281**

I hereby file notice that I am a candidate for election to the office of **Atkinson Alderman District III (ATKINSON)** in the **2005 Municipal Elections** to be held in **ATKINSON**, North Carolina on **11/08/2005**.

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

| | | |
|---|--|--|
| Residential Address <u>116 S COLLEGE ST</u> <small>Street Address</small> <u>ATKINSON NC 28421</u> <small>City, State, Zip</small> | Mailing Address (if different) <u>PO BOX 243</u> <small>Street Address</small> <u>ATKINSON NC 28421</u> <small>City, State, Zip</small> | Telephone Number(s) <u>(910) 367-3474</u> <small>Business</small> <u>(910) 283-3451</u> <small>Home</small> <u>(910) 367-3474</u> <small>Cell</small> |
|---|--|--|

Joseph Dean Robbins
 Signature of Candidate (legal name)

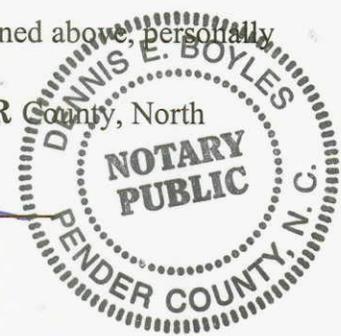
Certification of Notice of Candidacy

I hereby certify that **JOSEPH DEAN ROBBINS**, the candidate who signed above, personally appeared before me this day and signed in my presence.

Sworn to and subscribed before me this **5th** day of August, **2005**. **PENDER** County, North Carolina.

Notary
 Title of Certifying Officer

Dennis E. Boyles
 Signature of Certifying Officer



My commission expires: *MARCH 31 2010*

Verification by County Board of Elections

The undersigned has examined the voter registration records in **PENDER** County and found **JOSEPH DEAN ROBBINS** to be a registered voter in the municipality of **ATKINSON**.

8/5/05
 Date

Pender
 County

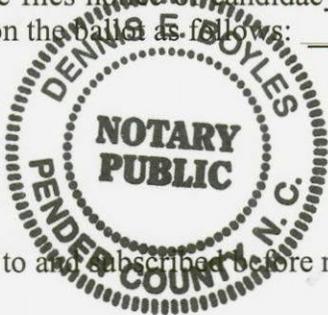
Dennis E. Boyles
 Chairman or Director

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).

Affidavit Attesting to Nickname

(NCGS § 163-106(a))

I, **JOSEPH DEAN ROBBINS** have been duly sworn, hereby state under oath that I have been commonly known by the nickname, **JOE**, for at least five years and request that my name be placed on the ballot as follows: **JOE ROBBINS**. In the event that another candidate with the same last name as mine files notice of candidacy for the same office for which I am a candidate, my name should be listed on the ballot as follows: JOE ROBBINS.



Joseph Dean Robbins
(Signature - legal name)

Sworn to and subscribed before me this 5th day of August, 2005.

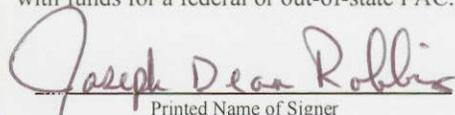
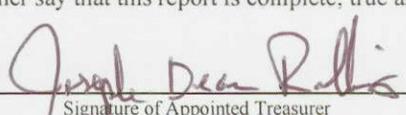
notary
Title of Certifying Officer

Dennis E Boyles
Signature of Certifying Officer

My commission expires: MARCH 31 2010

Statement of Organization - Candidate Committee

Amendment
 Yes No

| | | | |
|--|------------------|--|----------------------|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| JOSEPH DEAN ROBBINS | | 2974943 K8Y281 | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| P.O. BOX 243 ATKINSON, N.C. 28421 | | AUGUST 3, 2005 | |
| | | e. Phone Number | |
| | | (910) 367-3474 | |
| 2. Candidate Information | | <input type="checkbox"/> Candidate's Primary Committee | |
| a. Full Name | | c. Candidate ID Number | d. Party Affiliation |
| SAME | | K8Y281 | NON-PARTISAN |
| b. Mailing Address (include City, State, and Zip Code) | | e. Office Sought | f. Jurisdiction |
| | | ALDERMAN | WARD 3 |
| <i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i> | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| SAME | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| | | | |
| 5. Assistant Treasurer Information | | 6. Account Information <i>(incl. CRO-3500)</i> | |
| a. Full Name | | a. Financial Institution Full Name | |
| SAME | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| | | | |
| c. Phone Number | d. Email Address | c. Code | d. Type |
| | | | |
| 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. | | | |
|  Printed Name of Signer | |  Signature of Appointed Treasurer | |
| | | August 5, 2005 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: JOSEPH DEAN ROBBINS
Treasurer Name: JOSEPH DEAN ROBBINS
Treasurer Address: P.O. BOX 243 ATKINSON, N.C. 28421
(include city, state, & zip)

Treasurer Phone: (910) 367-3474

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.

August 5, 2005
Date Signed

Joseph Dean Robbins
Signature of Candidate



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

Certification of Threshold

FILED BY:

Committee Name: JOSEPH DEAN ROBBINS
Treasurer Name: JOSEPH DEAN ROBBINS
Treasurer Address: P.O. Box 243 ATKINSON, N.C. 28421
(include city, state, & zip)

Treasurer Phone: (910) - 367-3474

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.

August 5, 2005
Date Signed

Joseph Dean Robbins
Signature



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Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: JOSEPH DEAN ROBBINS
 Treasurer Name: JOSEPH DEAN ROBBINS
 Treasurer Address: P.O. BOX 243 ATKINSON, N.C. 28421
 (include city, state, & zip)
 Treasurer Phone: (910) 367-3474

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 |
|-----------------|-----------------------|---------|----------------|------|
| | | | | |
| | | | | |

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.)

August 5, 2005
Date Signed

Joseph Dean Robbins
Signature of Candidate



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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 to Close Committee

FILED BY:

Committee Name: JOSEPH DEAN ROBBINS

Treasurer Name: JOSEPH DEAN ROBBINS

Treasurer Address: P.O. BOX 243

(include city, state, & zip) ATKINSON, N.C. 28421

Treasurer Phone: (910) 283-3451 OR (910)-367-3474

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.

FEB 15, 2006
Date Signed

Joseph Dean Robbins
Signature