

NOTICE OF CANDIDACY (NON-PARTISAN)
for the office of Atkinson Alderman District IV

Date: **08/04/2005**

Candidate ID: **B1YI22**

I hereby file notice that I am a candidate for election to the office of **Atkinson Alderman District IV (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: **JOSHUA ELLISON**

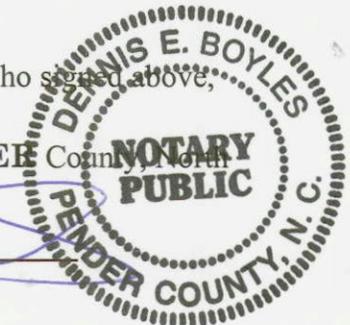
Residential Address	Mailing Address (if different)	Telephone Number(s)
<u>308 W CHURCH ST</u>	<u>PO BOX 634</u>	<u>(910) 251-8980</u>
Street Address	Street Address	Business
<u>ATKINSON NC 28421</u>	<u>ATKINSON NC 28421</u>	<u>(910) 283-0912</u>
City, State, Zip	City, State, Zip	Home
		<u>(910) 612-3461</u>
		Cell


Signature of Candidate (legal name)

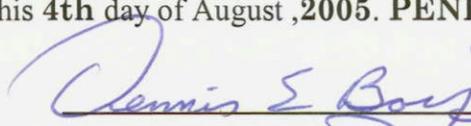
Certification of Notice of Candidacy

I hereby certify that **WILLIAM JOSHUA ELLISON**, the candidate who signed above, personally appeared before me this day and signed in my presence.

Sworn to and subscribed before me this **4th** day of August, **2005**. **PENDER** County, North Carolina.



Notary
Title of Certifying Officer


Signature of Certifying Officer

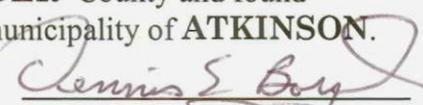
My commission expires: MARCH 31 2010

Verification by County Board of Elections

The undersigned has examined the voter registration records in **PENDER** County and found **WILLIAM JOSHUA ELLISON** to be a registered voter in the municipality of **ATKINSON**.

8/5/05
Date

PENDER
County

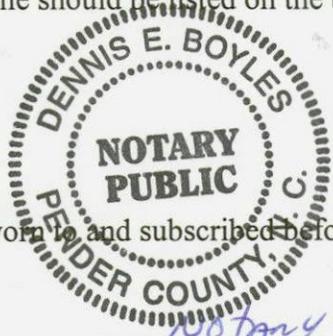

Chairman or Director

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, WILLIAM JOSHUA ELLISON have been duly sworn, hereby state under oath that I have been commonly known by the nickname, JOSHUA, for at least five years and request that my name be placed on the ballot as follows: JOSHUA ELLISON. 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: _____.



W. Joshua Ellison
(Signature - legal name)

Sworn to and subscribed before me this 4th 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 <u>W. JOSHUA ELLISON</u>			c. ID Number <u>BIYI 22</u>		
b. Mailing Address (include City, State and Zip Code) <u>P.O. BOX 634</u> <u>ATKINSON, NC 28421</u>			d. Date Organized <u>08.04.05</u>		
			e. Phone Number <u>910.283.0912</u>		
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee		
a. Full Name <u>SAME</u>		c. Candidate ID Number		d. Party Affiliation <u>NON-PAR.</u>	
b. Mailing Address (include City, State, and Zip Code) <u>SAME</u>		e. Office Sought <u>ALDERMAN</u>		f. Jurisdiction <u>4</u>	
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>			
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name <u>SAME</u>			a. Full Name <u>SAME</u>		
b. Mailing Address (include City, State, and Zip Code) <u>SAME</u>			b. Mailing Address (include City, State, and Zip Code) <u>SAME</u>		
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 <u>NONE</u>			a. Financial Institution Full Name <u>NONE</u>		
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.					
<u>W. JOSHUA ELLISON</u>				<u>08.04.05</u>	
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: W. JOSHUA ELLISON

Treasurer Name: SAME

Treasurer Address: P.O. Box 634

(include city, state, & zip) ATKINSON, NC 28421

Treasurer Phone: 910.283.0912 / 910.612.3461

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.

08.04.05
Date Signed

W. Joshua Ellison
Signature of Candidate



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Deputy Director – Campaign Reporting

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PO Box 27255
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Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name: W. JOSHUA ELLISON

Treasurer Name: SAME

Treasurer Address: P.O. BOX 634

(include city, state, & zip) ATKINSON, NC 28421

Treasurer Phone: 910.283.0912 / 910.612.3461

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.

08.04.05
Date Signed

W. Joshua Ellison
Signature



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

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: W. JOSHUA ELLISON
 Treasurer Name: SAME
 Treasurer Address: P.O. BOX 634
 (include city, state, & zip) ATKINSON, NC 28421
 Treasurer Phone: 910.283.0912 / 910.612.3461

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
N/A				

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

08.09.05
Date Signed

W. Joshua Ellison
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.)

09.30.05
Date Signed

W. Joshua Ellison
Signature of Candidate



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Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
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Fax: (919) 715-8047

Certification of Inactive Status

FILED BY:

Committee Name: W. JOSHUA ELLISON

Treasurer Name: W. JOSHUA ELLISON

Treasurer Address: PO BOX 634

(include city, state, & zip) ATKINSON, NC 28421

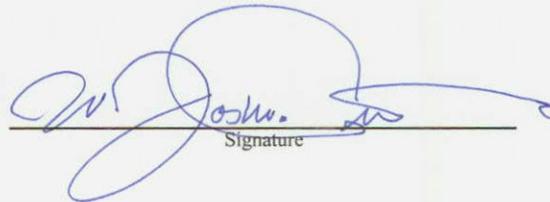
Treasurer Phone: 910.283.0912

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

02.17.06

Date Signed


Signature