

NOTICE OF CANDIDACY (NON-PARTISAN)

for the office of St Helena Mayor

Date: **08/01/2005**

Candidate ID: **5HY9S7**

I hereby file notice that I am a candidate for election to the office of **St Helena Mayor (ST HELENA)** in the **2005 Municipal Elections** to be held in **ST HELENA**, North Carolina on **11/08/2005**.

I request that my name appear on the ballot as follows: **ROBERT M. BARNHILL**

Residential Address 115 NORTHWEST AVE. <hr/> Street Address BURGAW NC 28425 <hr/> City, State, Zip	Mailing Address (if different) <hr/> Street Address <hr/> City, State, Zip	Telephone Number(s) (910) 251-2666 <hr/> Business (910) 259-5045 <hr/> Home (910) 604-0131 <hr/> Cell
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Robert Mcrae Barnhill
 Signature of Candidate (legal name)

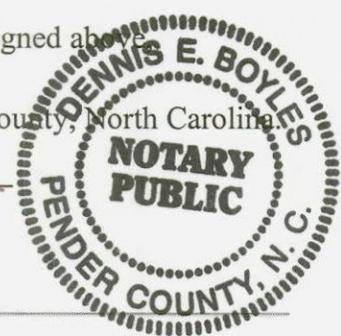
Certification of Notice of Candidacy

I hereby certify that **ROBERT MCRAE BARNHILL**, the candidate who signed above, personally appeared before me this day and signed in my presence.

Sworn to and subscribed before me this **1st** 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 **ROBERT MCRAE BARNHILL** to be a registered voter in the municipality of **ST HELENA**.

8/1/05
 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).

Statement of Organization - Candidate Committee

Amendment
 Yes No

1. Committee Information					
a. Full Name			c. ID Number		
Robert McRae Baruhill			SHY957		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
115 Northwest Ave. Burgaw, N.C. 28425			8/11/2005		
			e. Phone Number		
			910-259-5045		
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee		
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
Robert McRae Baruhill		SHY957		N Partisan Democrat Pol	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
115 Northwest Ave Burgaw, N.C. 28425		Mayor		St. Helena	
<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		
Robert McRae Baruhill			Same		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
115 Northwest Ave. Burgaw NC 28425					
c. Phone Number		d. Email Address		c. Phone Number	
				d. Email Address	
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
None			N/A		
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.					
Robert M. Baruhill		Robert Baruhill		8-1-05	
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 Threshold

FILED BY:

Committee Name:

Robert McFar Barnhill

Treasurer Name:

Robert M. Barnhill

Treasurer Address:

115 Northwest Ave

(include city, state, & zip)

Burgaw NC 28425

Treasurer Phone:

910-259-5045

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.

8-1-05
Date Signed

[Signature]
Signature



OCT 07 2005

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Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: Robert McRae Barnhill
Treasurer Name: Robert McRae Barnhill
Treasurer Address: 115 Northwest Ave
(include city, state, & zip) Burgaw NC 28425
Treasurer Phone: 910-255-5045

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.

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.)

^{Run 10}
10-05-05
Date Signed

Robert - Barnhill
Signature of Candidate

VOTER PROFILE

Full Name: BARNHILL, ROBERT MCRAE SR
 Residence Address: 115 NORTHWEST AVE
 BURGAW, NC 28425
 Mailing Address on File:

VRN: 000000000675
 Age: 58
 Register Date: 03/06/1978
 Status: A

Sex: MALE
 Race: W Ethnicity: NL
 Party: DEMOCRATIC
 Birth Place: NC

Precinct: SB02
 MUNI: STH
 CONGR: 07
 SUPERIOR COURT: 05B
 JUDICIAL: 05
 SENATE: 08
 HOUSE: 018
 COMMISSION: 4
 PROSECUTORIAL DIST: 05

Districts

Voting History (36 Most Recently Voted Elections)

11/02/2004	11/02/2004	GENERAL	11/02/1993	MUNICIPAL/STATE BOND/DRINK
07/20/2004	07/20/2004	PRIMARY	11/03/1992	GENERAL ELECTION
11/04/2003	11/04/2003	MUNICIPAL	05/05/1992	PRESIDENTIAL PREFERENCE PRIMARY
11/05/2002	11/05/2002	GENERAL		
09/10/2002	09/10/2002	PRIMARY		
11/06/2001		MUNICIPAL ELECTION		
11/07/2000		GENERAL ELECTION		
05/02/2000		PRESIDENTIAL PREFERENCE PRIMARY		
03/07/2000		CITY ELECTION /SH		
11/02/1999		CITY ELECTIONS /B /TB /SC		
11/03/1998		NOVEMBER GENERAL ELECTION		
05/05/1998		PENDER COUNTY PRIMARY		
11/04/1997		CITY ELECTIONS /B /TB /SC		
11/05/1996		NOVEMBER GENERAL		
05/07/1996		PRIMARY ELECTION		
11/07/1995		CITY ELECTIONS /B /TB /SC		
11/08/1994		GENERAL ELECTION		
05/03/1994		STATEWIDE/COUNTY PRIMARY		

I CERTIFY THAT THIS INFORMATION IS TRUE AND ACCURATE. Signature: _____

Date: 08/01/2005

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State Board of Elections
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Kimberly Westbrook
Deputy Director – Campaign Reporting

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Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification to Close Committee

FILED BY:

Committee Name: Robert M. Barnhill
Treasurer Name: Robert M. Barnhill
Treasurer Address: 115 NW Ave
(include city, state, & zip) Burgaw NC 28425

Treasurer Phone: 910-255-5045

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.

11-24-05
Date Signed

NOV 28 2005

[Signature]
Signature