

# NOTICE OF CANDIDACY (NON-PARTISAN)

## for the office of Topsail Beach Commissioner

Date: 08/05/2005

Candidate ID: 6IY87K

I hereby file notice that I am a candidate for election to the office of **Topsail Beach Commissioner (TOPSAIL BEACH)** in the **2005 Municipal Elections** to be held in **TOPSAIL BEACH, North Carolina** on **11/08/2005**.

I request that my name appear on the ballot as follows: **JOHN K. CLAPP**

**Residential Address**

121 BORYK AVE

Street Address

TOPSAIL BEACH NC 28445

City, State, Zip

**Mailing Address (if different)**

PO BOX 3214

Street Address

TOPSAIL BEACH NC 28445

City, State, Zip

**Telephone Number(s)**

Business

(910) 328-2909

Home

(910) 620-7446

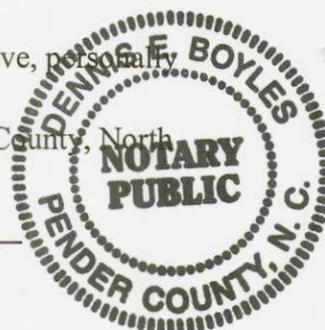
Cell

*John K. Clapp*  
Signature of Candidate (legal name)

### Certification of Notice of Candidacy

I hereby certify that **JOHN KURTZ CLAPP**, 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 **JOHN KURTZ CLAPP** to be a registered voter in the municipality of **TOPSAIL BEACH**.

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).

Statement of Organization - Candidate Committee

Amendment  
 Yes  No

<b>1. Committee Information</b>	
a. Full Name <u>JOHN K. CLAPP</u>	c. ID Number <u>6IY87K</u>
b. Mailing Address (include City, State and Zip Code) <u>PO BOX 3214 TOPSAIL BEACH NC 28445</u>	d. Date Organized <u>8-5-05</u>
	e. Phone Number <u>910-328-2909</u>

<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name <u>JOHN K. CLAPP</u>	c. Candidate ID Number <u>6IY87K</u>	d. Party Affiliation <u>NON-PARTISAN</u>
b. Mailing Address (include City, State, and Zip Code) <u>PO BOX 3214 TOPSAIL BEACH NC</u>	e. Office Sought <u>TOWN COMMISSIONER</u>	f. Jurisdiction
	<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	

<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name <u>JOHN K. CLAPP</u>	a. Full Name <u>JOHN K. CLAPP</u>		
b. Mailing Address (include City, State, and Zip Code) <u>PO BOX 3214 TOPSAIL BEACH NC 28445</u>	b. Mailing Address (include City, State, and Zip Code) <u>SAME</u>		
c. Phone Number <u>910-328-2909</u>	d. Email Address <u>JKCLAPP@aol.com</u>	c. Phone Number <u>SAME</u>	d. Email Address <u>SAME</u>

<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name <u>NONE</u>	a. Financial Institution Full Name <u>NA</u>		
b. Mailing Address (include City, State, and Zip Code) <u>NONE</u>	b. Purpose <u>NA</u>		
c. Phone Number <u>NONE</u>	d. Email Address <u>NONE</u>	c. Code <u>NA</u>	d. Type <u>NA</u>

**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.

John K. CLAPP                      John K. Clapp                      8-5-05  
 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 Treasurer**

**FILED BY:**

Candidate Name: JOHN K. CLAPP

Treasurer Name: JOHN K. CLAPP

Treasurer Address: 121 BORYK AVE

(include city, state, & zip) TOPSALE BEACH NC 28445

Treasurer Phone: 910-328-2909

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.

8-5-05  
Date Signed

John K. Clapp  
Signature of Candidate



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**Certification of Threshold**

**FILED BY:**

Committee Name:

JOHN K. CLAPP

Treasurer Name:

JOHN K. CLAPP

Treasurer Address:

121 BORYK AVE

(include city, state, & zip)

TOPSAIL BEACH NC 28445

Treasurer Phone:

910-328-2989

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.

8-5-05  
Date Signed

John K Clapp  
Signature



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**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: JOHN K. CLAPP  
 Treasurer Name: JOHN K. CLAPP  
 Treasurer Address: 121 BORYK AVE  
 (include city, state, & zip) TOPSAIL BEACH NC 28445  
 Treasurer Phone: 910-328-2989

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.)

8-5-05  
Date Signed

John K. Clapp  
Signature of Candidate



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Fax: (919) 715-8047

**Certification to Close Committee**

DEC 02 2005

**FILED BY:**

Committee Name:

JOHN K. CLAPP

Treasurer Name:

JOHN K. CLAPP

Treasurer Address:

PO BOX 3214

(include city, state, & zip)

TOPSAIL BEACH NC 28445

Treasurer Phone:

910-328-2909

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.

11-29-05

Date Signed

John K. Clapp

Signature