

COUNTY BOARD OF ELECTIONS

NOTICE OF CANDIDACY  
LEGISLATIVE AND COUNTY OFFICES 2006

TO THE PENDER COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as **Sheriff**.

(Name of Office)

District \_\_\_\_\_, in the **DEMOCRATIC** Party PRIMARY Election scheduled for May 2, 2006.

I affiliate with the **DEMOCRATIC** 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 **DEMOCRATIC** Party.

(Name of Political 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.

**12894 NC Hwy 50**

Residence Address

**R. Ennett Carter**

Name as it will appear on Ballot

**Holly Ridge NC 28445**

City, State, Zip

*Robert Ennett Carter*

Signature of Candidate

**(910) 329-1203**

Home Telephone

**(910) 512-2725**

Work Telephone

City, State, Zip

State Bar Number (Judicial Offices only)

Certification of Notice of Candidacy

I hereby certify that **R. Ennett Carter**, 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.

(Name as it will appear on Ballot)

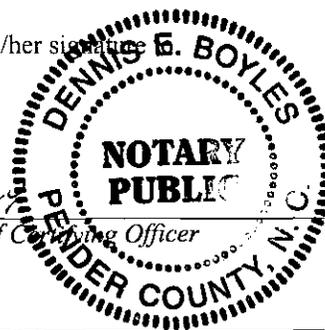
be the same.

This **20th** day of **February**, 2006.

*Dennis E. Boyles*

Signature of Certifying Officer

Notary Public  
Title of Certifying Officer



My commission expires: 3/31/2010

Verification by County Board

The undersigned has examined the voter registration records in **PENDER** County and found **Robert Ennett Carter** to be a registered voter, affiliated with the **DEMOCRATIC** Party and that subject candidate has not changed his/her political party affiliation within the past ninety (90) days.

*Pender*

County

2/20/06

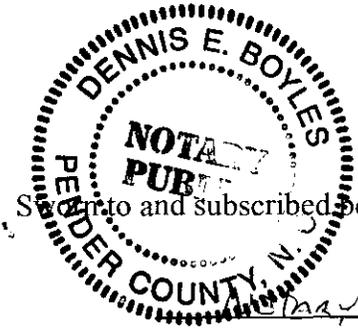
Date

*Dennis E. Boyles*  
Chairman or Director

# Affidavit Attesting to Nickname

(NCGS § 163-106(a))

I, **Robert Ennett Carter** have been duly sworn, hereby state under oath that I have been commonly known by the nickname, **Ennett**, for at least five years and request that my name be placed on the ballot as follows: **R. Ennett Carter**. 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: ENNETT CARTER.



Robert Ennett Carter  
(Signature - legal name)

Seen to and subscribed before me this 20th day of February, 2006.

Notary  
Title of Certifying Officer

Dennis E. Boyles  
Signature of Certifying Officer

My commission expires: 3/31/2010

# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

<b>1. Committee Information</b>					
a. Full Name			c. ID Number		
ROBERT ENNETT CARTER					
b. Mailing Address (include City, State, and Zip Code)			d. Date Organized		
12894 N.C. Hwy 50 HOLLY RIDGE, NC 28445			02-17-06		
			e. Phone Number		
			910 329-1203		
<b>2. Candidate Information</b>		<input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
				DEMOCRAT	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
		SHERIFF		PENDER	
		<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			a. Full Name		
CONNIE JOHNSON CARTER			ROBERT ENNETT CARTER		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
12734 N.C. Hwy 50 HAMPSTEAD, N.C. 28443			12894 N.C. Hwy 50 HOLLY RIDGE, N.C. 28445		
c. Phone Number		d. Email Address		c. Phone Number	
910-329-9911				910-329-1203	
				crtsonya@aol.com	
<b>5. Assistant Treasurer Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>6. Account Information</b> (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name		b. Purpose	
ROBERT ENNETT CARTER		STATE OF AMERICA		CAMPAIGN FUND	
b. Mailing Address (include City, State, and Zip Code)		c. Code		d. Type	
12894 N.C. Hwy 50 HOLLY RIDGE, N.C. 28445		REC		Checking	
c. Phone Number		d. Email Address			
910-329-1203		crtsonya@aol.com			
<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.					
CONNIE JOHNSON CARTER				2/20/06	
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: ROBERT ENNETT CARTER  
 Treasurer Name: CARRIE JOHNSON CARTER  
 Treasurer Address: 12734 N.C. Hwy 50  
 (include city, state, & zip) HAMPSTEAD, N.C.  
28443  
 Treasurer Phone: 910-329-9911

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.

02-20-06  
 Date Signed

Robert Emmett Carter  
 Signature of Candidate



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

**Certification of Threshold**

**FILED BY:**

Committee Name: ROBERT ENNETT CARTER  
 Treasurer Name: CONNIE JOHNSON CARTER  
 Treasurer Address: 12734 N.C. Hwy 50  
 (include city, state, & zip) HAMPSTEAD, N.C.  
28443  
 Treasurer Phone: 910-329-9911

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.  
 THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

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.

02-20-06  
 Date Signed

Robert Ennett Carter  
 Signature



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

**Confidential**

**Certification of Financial Account Information**

**FILED BY:**

Committee Name: ROBERT ENNETT CARTER  
 Treasurer Name: CONNIE JOHNSON CARTER  
 Treasurer Address: 17734 N.C. HWY 50  
 (include city, state, & zip) HAMPSTEAD, N.C. 28443  
 Treasurer Phone: 910-329-9911

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
Checking	BANK OF AMERICA	Holly Ridge, NC		REC

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

02-20-06  
 Date Signed

Robert Emmett Carter  
 Signature of Candidate or 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.)

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

\_\_\_\_\_  
 Signature of Candidate or Treasurer