



NOTICE OF CANDIDACY (Non- PARTISAN) 2009 Election
Election Year Municipal/County

For the office of: ATKINSON - MAYOR

Date: 07/15/2009 Candidate ID: 6HL3JZ

I hereby file notice as a candidate for election to the office of ATKINSON - MAYOR in the
ATKINSON - MAYOR Election to be held on 11/03/2009 in PENDER County.

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

Jack Turner
Please print or type name above
302 E MAIN STREET ATKINSON, NC 28421
Residential Address: (Street, City, ZIP)
PO BOX 56 ATKINSON, NC 28421
Mailing Address if different (POB, City, Zip)

Home: (910) 283 - 7191 Cell: (910) 471 - 7798 Business: () _____ - _____

Check "YES" or "NO" I swear to the following to be true, correct, and complete to the best of my knowledge or belief.
YES NO
 Have you ever been convicted of a felony? (Felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.)

If you have been convicted of a felony, you are required to complete the "Candidate Felony Disclosure" form within 48 hours of submitting this notice. GS § 163-106

Signature of Candidate (legal name) Lonnie J. Turner

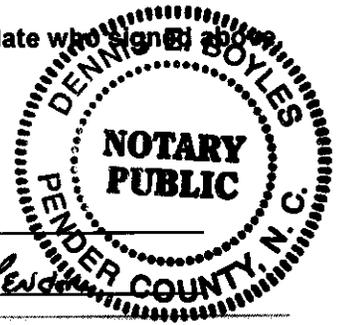
Certification of Notice of Candidacy

I hereby certify that Jack Turner, the candidate who signed above, personally appeared before me this day and signed in my presence.

Sworn and subscribed before me this 15th day of July, 2009.

Title and signature of certifying Officer: Dennis E. Boyles Notary

My commission expires: 3/31/2011 State of North Carolina, County of Pender



Verification by County Board of Elections

The undersigned has examined the voter registration records in PENDER County and found Lonnie Turner to be a registered voter in the municipality/county of Town of Atkinson.

County Chairman, Secretary or Director: Dennis E. Boyles 7/15/09
Signature and date

The Notice of Candidacy must be signed in the presence of the chairman, secretary or director 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 § 163-294.2.) 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).

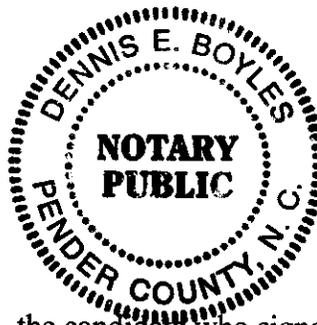
Affidavit Attesting to Nickname
(NCGS § 163-106(a))

I, LONNIE TURNER have been duly sworn, hereby state under oath that I have been
(Legal name)
commonly known by the nickname, JACK, for at least five years and
request that my name be placed on the ballot as follows: Jack Turner
(Name to appear on ballot)

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:

Lonnie J. Turner (Jack)
(Legal name and nickname)

Lonnie J. Turner
(Signature - legal name)



I hereby certify that LONNIE J. TURNER, the candidate who signed above,
personally signed in my presence.

Sworn to and subscribed before me this 15TH day of JULY, 2010.

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

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

a. Full Name		c. ID Number	
LONNIE JACKSON TURNER			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. BOX 56 ATKINSON, NC 28421		7-15-09	
		e. Phone Number	
		283-7191	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
LONNIE JACKSON TURNER			
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	
SAME		MAYOR OF ATKINSON	
		f. Jurisdiction	
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>			
a. Full Name		a. Full Name	
JACK TURNER			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
SAME			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
283-7191			
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
LONNIE J TURNER		Lonnice Jackson Turner	
Printed Name of Signer		Signature of Appointed Treasurer	
		7-15-09	
		Date	



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: JACK TURNER

Treasurer Name: JACK TURNER

Treasurer Address: P.O. BOX 56

(include city, state, & zip) ATKINSON, NC 28431

Treasurer Phone: 910-283-7191

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. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7-15-09
 Date Signed

[Signature]
 Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:

Committee Name: JACK TURNER MAYOR

Treasurer Name: JACK TURNER

Treasurer Address: P.O. BOX 56

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

Treasurer Phone: 910-283-7191

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.

7-15-09
Date Signed

Jack Turner
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: _____

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip)

Treasurer Phone: _____

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 "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code

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

Date Signed

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.)

8-11-09
Date Signed

Jack L...
Signature of Candidate or Treasurer



REC'D DEC 15 2009

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Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: LONNIE JACKSON TURNER

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) P.O. BOX 56

ATKINSON, NC 28421

Treasurer Phone: _____

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.

12-14-09
Date Signed

Lonnie Jackson Turner
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.