



**TO THE PENDER BOARD OF ELECTIONS:**

I hereby file notice as a candidate for nomination as \_\_\_\_\_ CLERK OF SUPERIOR COURT  
(Name of Office)

District \_\_\_\_\_, in the REPUBLICAN Party Primary Election scheduled for May 4, 2010.  
(Name of Political Party)

I affiliate with the REPUBLICAN Party, and I certify that I am now registered on the registration records of the precinct in which I reside.

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 the same office as a write-in candidate in the next general election.

Have you ever been convicted of a felony?  YES  NO  
(This shall not apply to candidates required by G.S. 138A-22 (d) to file a Statement of Economic Interest)

If the answer is yes, provide the following:

Name of the offense: \_\_\_\_\_ Date of the conviction: \_\_\_\_\_

Date of the restoration of citizenship rights: \_\_\_\_\_ County and state of conviction: \_\_\_\_\_

The felony does not need to be disclosed if the same was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.

I swear (affirm) that the statements contained on this form are true, correct and complete to the best of my knowledge or belief.

447 BALLAST POINT RD

HAMPSTEAD, NC 28443

Residence Address

City, State, Zip

Mailing Address, if different

City, State, Zip

Robert W. Kilroy

*Robert W. Kilroy*  
Name as it will appear on Ballot  
Signature of Candidate  
(910) 270-3644 (910) 259-1229  
Home Telephone Work Telephone

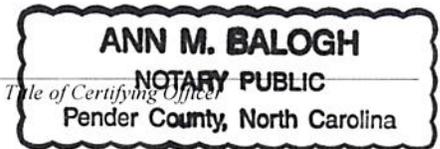
**Certification of Notice of Candidacy**

I hereby certify that Robert W. Kilroy, 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)

This 22<sup>nd</sup> day of February, 20 10.

*Ann M Balogh*  
Signature of Certifying Officer

*Notary*  
Title of Certifying Officer



My commission expires: Feb. 23, 2011

**Verification by County Board**

ROBERT KILROY

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

PENDER  
County

2/25/10  
Date

*Robert Kilroy*  
Chairman or Director

This form is available as a public record in the elections office where filed. A prior felony conviction does not preclude holding elected office if rights of citizenship have been restored.

# 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.

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Re-Elect Robert W. Kilroy			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 999 2071 NC Highway 210 East Hampstead, NC 28443		February 22, 2010	
		e. Phone Number	
		(910)329-0214	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Robert W. Kilroy			Republican
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
447 Ballast Point Road Hampstead, NC 28443		Clerk of Superior Court	Pender
<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	
Toni J. Hardin		Same	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
P.O. Box 999 2071 NC Highway 210 East Hampstead, NC 28443		same	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(910)329-0214	t.hardin@penderattorney.com		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		RBC Bank	
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.			
Toni J. Hardin			2/22/10
Printed Name of Signer		Signature of Appointed Treasurer	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: Robert W. Kilroy

Treasurer Name: T.J. Hardin

Treasurer Address: P.O. Box 999  
 (include city, state, & zip) Hampstead, NC 28443

Treasurer Phone: (910)329-0214

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).

2/22/10  
 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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*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: Committee to Re-Elect Robert W. Kilroy  
 Treasurer Name: Toni Hardin  
 Treasurer Address: P.O. Box 999  
 (include city, state, & zip) Hampstead, NC 28443  
 Treasurer Phone: (910)329-0214

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 an "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 monies 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 monies.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	RBC Bank	P.O. Box 74, Hampste <sup>26</sup> NC 28443	[REDACTED]	RK

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

[Signature]  
Date Signed

[Signature]  
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.)



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Fax: (919) 715-8047

**Candidate Designation of Committee Funds**

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Robert W. Kilroy \_\_\_\_\_

Committee Name: Committee to Re-Elect Robert W. Kilroy \_\_\_\_\_

Treasurer Name: Toni Hardin \_\_\_\_\_

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: Pender \_\_\_\_\_

I, \_\_\_\_\_, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

	<u>Name of Entity</u> <i>(Select from §163-278.16B(a))</i>	<u>Plan for Disbursement (eg. Amount or %)</u>
1.	PENDER COUNTY REPUBLICAN CENTRAL COMMITTEE	100%
2.	_____	_____
3.	_____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

Date:

2/24/10

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

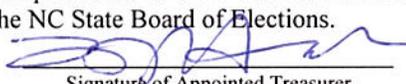
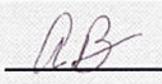
# Disclosure Report Cover

Amendment

Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Re-Elect Robert W. Kilroy		IHLT8D	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P.O. Box 999 Hampstead, NC 28443		02/24/2010	
		c. Phone Number	
		(910)329-0214	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	02/22/2010	02/24/2010	Toni J. Hardin
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
RBC Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Acct for receipts and expenditures	RK		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0.00		\$
<b>CERTIFICATION</b>			
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 and that I have been trained by the NC State Board of Elections.			
Toni J. Hardin			6/29/2010
Printed Name of Signer		Signature of Appointed Treasurer	Date
<b>FOR OFFICE USE ONLY</b>			
Date Received:	REC'D JUL 01 2010	Employee:	
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			<b>Delivery Method</b>
			<input checked="" type="checkbox"/> Normal Mail
			<input type="checkbox"/> Registered Mail
			<input type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

# Detailed Summary

Amendment  
 Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Re-Elect Robert W. Kilroy		Organizational		IHLT8D	
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2010</b>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 0.00		\$ 0.00	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 100.00		\$ 100.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 100.00		\$ 100.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 100.00		\$ 100.00	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Re-Elect Robert W. Kilroy					IHLT8D	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Toni J. Hardin 147 Stump Sound Church Road Holly Ridge, NC 28445			NC State Bar Certified Paralegal			
			c. Employer's Name/Specific Field			
			Robert W. Kilroy, P.C. Kenneth G. Ording		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	RK	check		02/24/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages					\$ 100.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						