

**NORTH CAROLINA
STATE BOARD OF ELECTIONS**

PO BOX 27255
RALEIGH, NC 27611
TELEPHONE 919-733-7173



7HLS43

**NOTICE OF CANDIDACY
COUNTY AND LEGISLATIVE**

TO THE PENDER BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as _____ COMMISSIONER DISTRICT 2
(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.

774 DRIFTWOOD DR

HAMPSTEAD, NC 28443
Residence Address

PO BOX 2254
City, State, Zip

SURF CITY, NC 28445
Mailing Address, if different

City, State, Zip

Timothy M. Thomas

Name as it will appear on Ballot

Signature of Candidate

(910) 540-5330

Home Telephone

Work Telephone

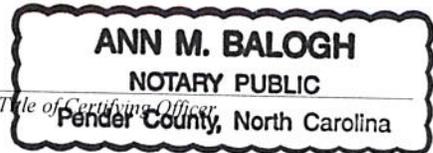
Certification of Notice of Candidacy

I hereby certify that Timothy M. Thomas, 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.

This 26th day of February, 20 10.

Ann M Balogh
Signature of Certifying Officer

Notary



My commission expires: Feb. 23, 2011

Verification by County Board

The undersigned has examined the voter registration records in PENDER County and found TIMOTHY THOMAS 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

2/26/2010
Date

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 <i>Timothy M. Thomas</i>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>P.O. BOX 2254 Surf City, NC 28445</i>		d. Date Organized <i>2/26/10</i>
		e. Phone Number <i>910-540-5330</i>

2. Candidate Information

Candidate's Primary Committee

a. Full Name <i>Timothy M. Thomas</i>		c. Candidate ID Number	d. Party Affiliation
b. Mailing Address (include City, State, and Zip Code) <i>P.O. BOX 2254 Surf City, NC 28445</i>		e. Office Sought	f. Jurisdiction
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	

3. Treasurer Information

a. Full Name <i>Timothy M. Thomas</i>	
b. Mailing Address (include City, State, and Zip Code) <i>PO BOX 2254 Surf City NC 28445</i>	
c. Phone Number <i>910-540-5330</i>	d. Email Address <i>thomasdemolition@yahoo.com</i>

4. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

5. Assistant Treasurer Information

Add
 Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

6. Account Information (incl. CRO-3500)

Add
 Remove

a. Financial Institution Full Name	
b. Purpose	
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.

Timothy M. Thomas
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

2/26/10
 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: Timothy M. Thomas
 Treasurer Name: Timothy M. Thomas
 Treasurer Address: PO Box 2254
 (include city, state, & zip) Surf City NC 28445

 Treasurer Phone: 910-540-5330

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).

2/26/10
 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.



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

Kimberly Westbrook-Strach
Deputy Director - Campaign Reporting

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PO Box 27255
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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: Timothy M. Thomas
Treasurer Name: Timothy M. Thomas
Treasurer Address: PO Box 2254
(include city, state, & zip) Surf City NC 28445
Treasurer Phone: 910-540-5330

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
Business/Political	Bank of America	Roland Ave - Surf City	[REDACTED]	001

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

3/8/10
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.)

Date Signed

Signature of Candidate or Treasurer