

**NORTH CAROLINA  
STATE BOARD OF ELECTIONS**

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



**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 DEMOCRATIC Party Primary Election scheduled for May 4, 2010.  
(Name of Political Party)

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.

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.

14171 NC HWY 53 E

Residence Address  
MAPLE HILL, NC 28454

City, State, Zip

Mailing Address, if different

City, State, Zip

W.P. (Bill) Marshburn

Name as it will appear on Ballot  
*William Marshburn*

Signature of Candidate

(910) 259-2436

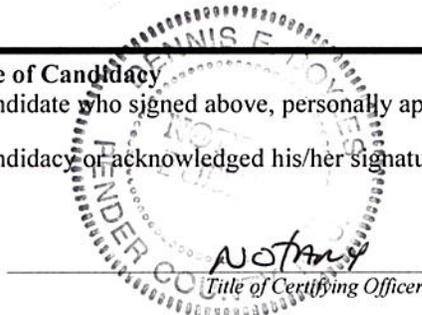
Home Telephone Work Telephone

**Certification of Notice of Candidacy**

I hereby certify that W.P. (Bill) Marshburn, 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 8<sup>th</sup> day of February, 20 10.

*Dennis E. B. J.*  
Signature of Certifying Officer



My commission expires: 3/31/2010

**Verification by County Board**

WILLIAM MARSHBURN

The undersigned has examined the voter registration records in PENDER County and found \_\_\_\_\_ 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

2/8/10  
Date

*Dennis E. B. J.*  
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.

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

I, WILLIAM MARSHBURN have been duly sworn, hereby state under oath that I have been  
(Legal name)  
commonly known by the nickname, BILL, for at least five years and  
request that my name be placed on the ballot as follows: W.P. (Bill) Marshburn  
(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:

William P. (Bill) Marshburn  
(Legal name and nickname)

William P. Marshburn  
(Signature - legal name)



I hereby certify that WILLIAM MARSHBURN, the candidate who signed above,  
personally signed in my presence.

Sworn to and subscribed before me this 8<sup>TH</sup> day of FEB, 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	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
WILLIAM P. MARSHBURN CAMPAIGN COMM			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
14171 NC HWY 53E MAPLE HILL, NC 28454		1/28/10	
		e. Phone Number	
		910-259-2436	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		b. Candidate ID Number	d. Party Affiliation
WILLIAM P. MARSHBURN		<del>XXXXXXXXXX</del>	DEM
b. Mailing Address (include City, State, and Zip Code)		f. Jurisdiction	
14171 NC HWY 53E MAPLE HILL, NC 28454		COUNTY COMMISSIONER DIST 2	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
CONNIE SLOAN WOOTEN			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO BOX 63 MAPLE HILL NC 28454			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-259-2472	CPSWOOTEN@GMAIL.COM		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
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.			
<u>Connie Wooten</u> Printed Name of Signer		<u>Connie Wooten</u> Signature of Appointed Treasurer	
		January 27, 2010 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: Bill Marshburn

Treasurer Name: Connie Wooten

Treasurer Address: P.O. Box 63

(include city, state, & zip) Maple Hill, NC 28454

Treasurer Phone: 910-259-2972

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).

1/27/10  
 Date Signed

Bill Marshburn  
 Signature of Candidate

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



North Carolina  
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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: WILLIAM P MARSHBURN CAMPAIGN  
 Treasurer Name: CORRIE S WOOTEN  
 Treasurer Address: PO BOX 63  
 (include city, state, & zip) MAPLE HILL NC 28454  
 Treasurer Phone: 910 259 2972

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
CHECKING	PANF OF AMERICA	BUREAU NC	[REDACTED]	WM

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

1/29/10  
Date Signed

William Marshburn  
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



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**Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

**FILED BY:**

Committee Name: WILLIAM F. MARSHBURN CAMPAIGN COMMITTEE  
 Treasurer Name: CONNIE WOOTEH  
 Treasurer Address: PO BOX 63  
 (include city, state, & zip) MAPLE HILL, NC 28454  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910-259-2972

Check  One:  
 I certify that this committee intends to neither receive nor expend more than \$1,000 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 \$1,000 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 at or under the \$1,000 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.

1/29/10  
Date Signed

William Marshburn  
Signature

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