

**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 _____ PENDER COUNTY SHERIFF
(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.

47 HIDDEN BLUFF TRL
HAMPSTEAD, NC 28443
Residence Address
City, State, Zip
Mailing Address, if different
City, State, Zip

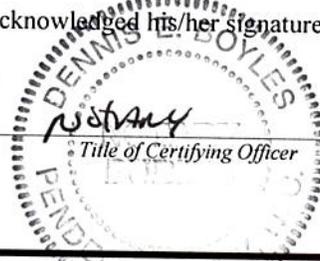
Carson Smith
Name as it will appear on Ballot
Signature of Candidate
(910) 270-2605 (910) 259-1212
Home Telephone Work Telephone

Certification of Notice of Candidacy

I hereby certify that Carson Smith, 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 15th day of February, 20 10.

Dennis E. Boyles
Signature of Certifying Officer



Notary
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 CARSON SMITH JR 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

2/16/10
Date

Dennis E. Boyles
Chairman of 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	
Carson Smith for Sheriff		2HL9Y5	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
P.O. Box 1209 Hampstead, NC 28443		01/20/2010	
		e. Phone Number	
		910-270-2022	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Carson Henry Smith Jr.		2HL9Y5	Republican
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
47 Hidden Bluff Trail Hampstead, NC 28443		Sheriff	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	
Ray C. Blackburn		Ray C. Blackburn	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
P.O. Box 1209 Hampstead, NC 28443		P.O. Box 1209 Hampstead, NC 28443	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-270-2022	ray@ray blackburn.com	910-270-2022	ray@ray blackburn.com
5. Assistant Treasurer Information		6. Account Information	
a. Full Name		a. Financial Institution Full Name	
		First Federal	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		campaign receipts and expenditures	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		FF1	checking
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.			
_____ Ray C. Blackburn Printed Name of Signer		_____  Signature of Appointed Treasurer	
		_____ 01/20/2010 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: Carson Smith
 Treasurer Name: Ray C. Blackburn
 Treasurer Address: P.O. Box 1209
 (include city, state, & zip) Hampstead, NC 28443

 Treasurer Phone: 910-270-2022

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).

01/20/2010
 Date Signed


 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: Carson Smith for Sheriff
 Treasurer Name: Ray C. Blackburn
 Treasurer Address: P.O. Box 1209
 (include city, state, & zip) Hampstead, NC 28443
 Treasurer Phone: 910-270-2022

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	First Federal	Hampstead, NC 28443	[REDACTED]	FF1

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

1-20-2010
 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

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 Carson Smith for Sheriff	c. ID Number 2HL9Y5
b. Mailing Address (include City, State and Zip Code) P.O. Box 1209 Hampstead, NC 28443	d. Date Filed 01/22/2010
	e. Phone Number 910-270-2022

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	01/01/2010	01/22/2010	Ray C. Blackburn

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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<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	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Federal		a. Financial Institution Full Name	
b. Purpose campaign receipts and expenditures	c. Account Code FF1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		d. Period Begin Balance \$

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 and that I have been trained by the NC State Board of Elections.

Ray C. Blackburn
Printed Name of Signer


Signature of Appointed Treasurer

01/22/2010
Date

FOR OFFICE USE ONLY

Date Received: 1/12/10 Employee: OB

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

Please Note: 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	
Carson Smith for Sheriff	Organizational	2HL9Y5	
Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 1000.00	\$ 1000.00
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)		\$ 1000.00	\$ 1000.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 58.00	\$ 58.00
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)		\$ 58.00	\$ 58.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 942.00	\$ 942.00
ADDITIONAL INFORMATION			
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

Pg 1 of 1

Amendment Yes No

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	
Carson Smith for Sheriff					2HL9Y5	
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	
Carson H. Smith Jr. 47 Hidden Bluff Trail Hampstead, NC 28443 910-270-2605			Sheriff			
			c. Employer's Name/Specific Field Pender County Sheriff's Office			
					e. Election Sum to Date	
					\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FF1	check		01/20/2010	\$ 1000.00	
<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					\$ 1000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1000.00	

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) Carson Smith for Sheriff					2. ID Number 2HL9Y5	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hampstead MPO Hampstead, NC 28443 910-270-4428			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 58.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
FF1	check	O	01/20/2010	\$58.00	PO Box rental	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 58.00	
6. Total of ALL CRO-1310 Pages					\$ 58.00	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						

* Codes require detailed explanation in required remarks field (k)