

**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 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.

125 SHADY LANE

Residence Address

WATHA, NC 28478

City, State, Zip

Mailing Address, if different

City, State, Zip

Doyle Christopher

Name as it will appear on Ballot

Doyle Christopher

Signature of Candidate

910-540-4573

Home Telephone

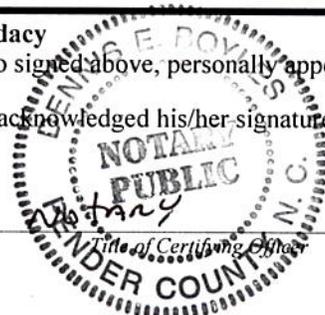
Work Telephone

**Certification of Notice of Candidacy**

I hereby certify that Doyle Christopher, 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 26<sup>th</sup> day of February, 20 10.

Dennis E. Boyd  
Signature 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 DOYLE CHRISTOPHER 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

2/26/10  
Date

Dennis E. Boyd  
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	
Doyle Christopher		OHL580	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
125 Shady Lane Rd. Watha, NC. 28478			
		e. Phone Number	
		910-540-4573	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Doyle Gene Christopher			D
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
125 Shady Lane Road. Watha, NC. 28478		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	
Same		Same.	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same		Same	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-540-4573		910-540-4573	
5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		6. Account Information (incl. CRO-3500)	
		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		a. Financial Institution Full Name	
		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.			
Doyle Gene Christopher		Doyle Gene Christopher	
Printed Name of Signer		Signature of Appointed Treasurer	
		02/26/2010	
		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: Doyle Gene Christopher

Treasurer Name: Doyle Gene Christopher

Treasurer Address: 125 Shady Lane Road.

(include city, state, & zip) Watha, NC 28478

Treasurer Phone: 910-540-4573

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).

2/26/2010  
 Date Signed

Doyle Gene Christopher  
 Signature of Candidate

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



REC'D MAR 04 2010

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

**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 Elect Doyle Christopher for Sheriff  
Treasurer Name: Doyle Gene Christopher  
Treasurer Address: 125 Shady Lane Road  
(include city, state, & zip) Watha, N.C. 28478  
Treasurer Phone: (910) 540-4573

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 Citizens	PO Box 367 Burgaw NC 28425	[REDACTED]	DDA

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

3/4/2010  
Date Signed

Doyle Gene Christopher  
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