

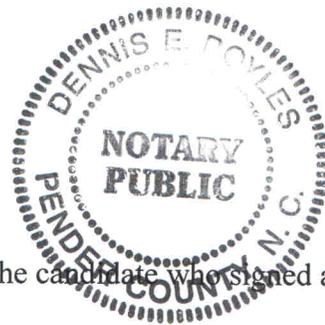
Affidavit Attesting to Nickname
(NCGS § 163-106(a))

I, RONALD RAMPONE have been duly sworn, hereby state under oath that I have been
(Legal name)
commonly known by the nickname, RON, for at least five years and
request that my name be placed on the ballot as follows: Ron Rampone
(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:

Ronald (Ron) Rampone
(Legal name and nickname)

[Handwritten Signature]
(Signature - legal name)



I hereby certify that RONALD RAMPONE, the candidate who signed above,
personally signed in my presence.

Sworn to and subscribed before me this 8th day of July, 2011.

Notary
Title of Certifying Officer

[Handwritten Signature]
Signature of Certifying Officer

My commission expires: 3/31/2015

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	
RONALD L. RAMPONE			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1503 Highsmith Road Village of ST. Helena Burgaw, N.C. 28425		7-8-11	
		e. Phone Number	
		910-300-3173	

2. Candidate Information

Candidate's Primary Committee

a. Full Name		c. Candidate ID Number		d. Party Affiliation	
RONALD L. RAMPONE				Rep / Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
1503 Highsmith Rd. Village of ST. Helena Burgaw, N.C. 28425		Town Council			
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)					

3. Treasurer Information

a. Full Name		4. Custodian of Books Information	
		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address

5. Assistant Treasurer Information

a. Full Name		<input type="checkbox"/> Add	6. Account Information (incl. CRO-3500)		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove	a. Financial Institution Full Name		<input type="checkbox"/> Remove
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>Ronald L. Rampone</u>	<u>[Signature]</u>	<u>7-8-11</u>
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: Ronald L. Rampone
 Treasurer Name: Ronald L. Rampone
 Treasurer Address: 1503 Highsmith Rd.
 (include city, state, & zip) Burgaw N.C. 28425

 Treasurer Phone: 910-300-3173

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).

7-8-11
 Date Signed

Ronald L. Rampone
 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

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

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:

Ronald L. Rampone

Treasurer Name:

Ronald L. Rampone

Treasurer Address:

1503 Highsmith Rd

(include city, state, & zip)

Burgaw, NC 28425

Treasurer Phone:

910-300-3173

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.

11-8-11

Date Signed

Ronald L. Rampone
Signature

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

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name:

RONALD L. RAMPONE

Treasurer Name:

RONALD L. RAMPONE

Treasurer Address:

1503 Highsmith Road

(include city, state, & zip)

Village of ST. HELENA

Burgaw, N.C. 28425

Treasurer Phone:

910-300-3173

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

12-30-11
Date Signed

Ronald L. Rampone
Signature

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

REC'D JAN 09 2012 - regular mail