NOTICE OF CANDIDACY (Non- PARTISAN) 2011 (Election Year) Municipal/County **Election**

For the office of: MAYOR OF TOPSAIL BEACH

Date: 07/01/2011 **Candidate ID:** GHL836

I hereby file notice as a candidate for election to the office of MAYOR OF TOPSAIL BEACH **in the** _____ **Election to be held on** 11/08/2011 **in** PENDER **County.**

I request that my name appear on the ballot as follows:

Howard M. Braxton Jr.
Please print or type name above

215 BRIDGERS AVE TOPSAIL BEACH, NC 28445
Residential Address: (Street, City, ZIP)

Mailing Address if different (POB, City, Zip)

Home: (910) 328 - 1031 **Cell:** ( ) ____ - _____ **Business:** (910) 526 - 3895

Check "YES" or "NO" I swear to the following to be true, correct, and complete to the best of my knowledge or belief.

YES NO
☐ ☒ Have you ever been convicted of a felony? (Felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.)

If you have been convicted of a felony, you are required to complete the "Candidate Felony Disclosure" form within 48 hours of submitting this notice. **GS § 163-106**

Signature of Candidate (legal name) Howard M. Braxton Jr.

Certification of Notice of Candidacy

I hereby certify that Howard M. Braxton Jr. (Name as it will appear on ballot) **, the candidate who signed above, personally appeared before me this day and signed in my presence.**

ANN M. BALOGH
NOTARY PUBLIC
Pender County, North Carolina

Sworn and subscribed before me this 1st **day of** July, 2011.

Title and signature of certifying Officer: Ann M Balogh

My commission expires: Feb. 27, 2016 **State of North Carolina, County of** Pender

Verification by County Board of Elections

The undersigned has examined the voter registration records in PENDER **County and found** HOWARD BRAXTON JR **to be a registered voter in the municipality/county of** Topsail Beach

County Chairman, Secretary or Director: Ann M Balogh
Signature and date

The Notice of Candidacy must be signed in the presence of the chairman, secretary or director of the Board of Elections with which he/she files or a candidate may have his/her signature on the Notice of Candidacy acknowledged and certified to by any officer authorized to administer an oath. (See NCGS § 163-294.2.) In signing his/her notice of candidacy the candidate may use a nickname provided the candidate complies with the requirement specified in GS § 163-106 and GS § 163-323(a).

Information about the powers, duties, and responsibilities of city and county elective offices in North Carolina is available from the School of Government of the University of North Carolina at Chapel Hill at www.sog.unc.edu/programs/cceo. The School of Government provides training, research, and consultation for state and local government officials and citizens.

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
HOWARD McCOY BRAXTON, JR.	
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
215 BRIDGERS AVE. TOPSAIL BEACH, NC 28445 POB 3032	
	e. Phone Number

2. Candidate Information ☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
HOWARD McCOY BRAXTON, JR.		DEMOCRATIC
b. Mailing Address (include City, State, and Zip Code)	**e. Office Sought**	**f. Jurisdiction**
POB 3032 215 BRIDGERS AVE. TOPSAIL BEACH, NC 28445	MAYOR	
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	

3. Treasurer Information

a. Full Name	
HOWARD McCOY BRAXTON, JR.	
b. Mailing Address (include City, State, and Zip Code)	
215 BRIDGERS AVE POB 3032 TOPSAIL BEACH, NC 28445	
c. Phone Number	**d. Email Address**
910-328-1031	BRAXTONHM@AOL.COM

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	
HOWARD McCOY BRAXTON, SR.	
b. Mailing Address (include City, State, and Zip Code)	
215 BRIDGERS AVE. POB 3032 TOPSAIL BEACH, NC 28445	
c. Phone Number	**d. Email Address**
910-328-1031	BRAXTONHM@AOL.COM

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.

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: HOWARD McCOY BRAXTON, JR.

Treasurer Name: HOWARD McCOY BRAXTON, JR.

Treasurer Address: 215 BRIDGERS AVE POB 3032
(include city, state, & zip) TOPSAIL BEACH
NC 28445

Treasurer Phone: 910-328-1031

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).

07-01-11
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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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: HOWARD M. BRAXTON, JR.

Treasurer Name: HOWARD M. BRAXTON, JR.

Treasurer Address: 215 BRIDGERS AVE POB 3032
(include city, state, & zip) TOPSAIL BEACH
NC 28445

Treasurer Phone: 910-328-1031

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.

09-01-11
Date Signed

Howard M. Braxton, Jr.
Signature

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

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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: BRAXTON FOR MAYOR

Treasurer Name: HOWARD McCOY BRAXTON, JR.

Treasurer Address: 215 BRIDGERS AVE.
(include city, state, & zip) POB 3032
TOPSAIL BEACH
NC 28445

Treasurer Phone: 910-328-1031

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.

01-06-12
Date Signed

Howard McCoy Braxton, Jr.
Signature

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

RECD JAN 10 2012