



NOTICE OF CANDIDACY  
COUNTY AND LEGISLATIVE

TO THE PENDER COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as \_\_\_\_\_ COUNTY COMMISSIONER DISTRICT 5 \_\_\_\_\_,  
(Name of Office)

District \_\_\_\_\_, in the DEMOCRATIC Party Primary Election scheduled for May 8, 2012.  
(if applicable) (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.

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. See GS § 163-106. The required form can be obtained from any elections office or from the NC State Board of Elections website at [www.ncsbe.gov](http://www.ncsbe.gov).

I swear (affirm) that the statements contained on this form are true, correct and complete to the best of my knowledge or belief.

5500 NC HWY 11  
Residence Address  
WILLARD, NC 28478  
City, State, Zip  
\_\_\_\_\_  
Mailing Address, if different  
\_\_\_\_\_  
City, State, Zip

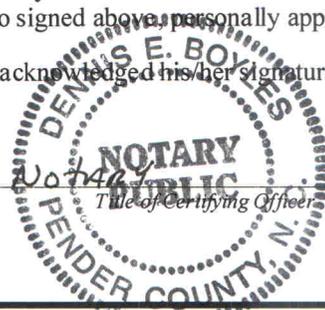
Jimmy T. Tate  
Name as it will appear on Ballot  
[Signature]  
Signature of Candidate  
(910) 285-8704  
Home Telephone  
\_\_\_\_\_  
Work Telephone

Certification of Notice of Candidacy

I hereby certify that Jimmy T. Tate, 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 21<sup>st</sup> day of February, 2012.

[Signature]  
Signature of Certifying Officer



My commission expires: 3/31/2015

Verification by County Board

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

2/21/2012  
Date

[Signature]  
Chairman or Director

JIMMY TATE

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.

# 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.

<b>1. Committee Information</b>	
a. Full Name <b>Jimmy T. Tate for Commissioner</b>	c. ID Number <b>RHLBQW</b>
b. Mailing Address (include City, State and Zip Code) <b>5500 Nc Highway 11 Willard, NC 28478</b>	d. Date Filed <b>2/21/2012</b>
	e. Phone Number <b>910-284-8704</b>

<b>2. Report Year</b> <b>2012</b>	<b>3. Period Start Date (mm/dd/yy)</b> <b>2-21-2012</b>	<b>4. Period End Date (mm/dd/yy)</b> <b>2-24-2012</b>	<b>5. Treasurer Full Name</b> <b>Jimmy T. Tate</b>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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
<b>7. Type of Fund (if applicable, check one)</b>		<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		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose		b. Purpose	
c. Account Code		c. Account Code	
d. Period Begin Balance		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.

Jimmy T. Tate      Jimmy T. Tate      2/24/12  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

**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.

# 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 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name			c. ID Number		
Jimmy Teriell Tate			RHLBQW		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
5500 NC Hwy. 11 Willard, NC 28478			2/21/2012		
			e. Phone Number		
			910-284-8704		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Jimmy Teriell Tate		12HLCBQW		Democratic <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
5500 NC Hwy 11, Willard, NC 28478			County Commissioner		
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
910-284-8704	tatej99@gmail.com	2012		District 5	
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
(Same)					
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		
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information <small>(incl. CRO-3500)</small>		
a. Full Name			a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <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		
<input type="checkbox"/> Email copy of notices					
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.					
Jimmy T. Tate		Jimmy J. Tate		2/27/12	
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: Jimmy T. Tate  
 Treasurer Name: Jimmy T. Tate  
 Treasurer Address: 3500 NC Highway 11  
 (include city, state, & zip) Willard, NC 28478  
 \_\_\_\_\_  
 Treasurer Phone: (910) 284-8704

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).

2-24-12 Date Signed Jimmy T. Tate 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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 (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: Jimmy T. Tate for Commissioner

Treasurer Name: Jimmy Teriell Tate

Treasurer Address: 5500 NC Highway 11  
 (include city, state, & zip) Willard, NC 28478

Treasurer Phone: (910) 284-8704

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.

12-24-12  
 Date Signed

Jimmy T. Tate  
 Signature

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



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 State Board of Elections  
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 Raleigh, NC 27603

Kimberly Westbrook-Strach  
 Deputy Director – Campaign Reporting

Mailing Address  
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 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:

Jimmy Terrell Tate

Treasurer Name:

Jimmy Terrell Tate

Treasurer Address:

5500 NC Hwy. 1  
 Willard, NC 28478

(include city, state, & zip)

Treasurer Phone:

(910) 284-8704

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.

2/6/13  
 Date Signed

Jimmy T. Tate  
 Signature

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