



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

I, ERROL BLANCHARD (Legal name) have been duly sworn, hereby state under oath that I have been commonly known by the nickname, MORTON, for at least five years and request that my name be placed on the ballot as follows: Morton Blanchard (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:

Errol MORTON BLANCHARD  
(Legal name and nickname)

*Errol Morton Blanchard*  
(Signature - legal name)



I hereby certify that ERROL MORTON BLANCHARD the candidate who signed above, personally signed in my presence.

Sworn to and subscribed before me this 18<sup>TH</sup> day of July, 2013.

NOTARY  
Title of Certifying Officer

*Dennis E Boyles*  
Signature of Certifying Officer

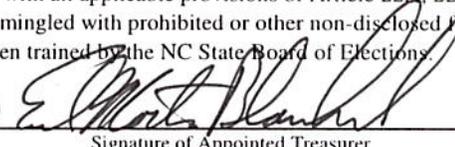
My commission expires: 3/31/2015

# 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.

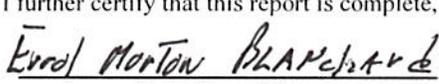
1. Committee Information				
a. Full Name <b>Eural MORTON BLANCHARD</b>			c. ID Number <b>LHL A6 B</b>	
b. Mailing Address (include City, State and Zip Code) <b>202 N. ANDERSON BLVD TOPSAIL BEACH, N.C. 28445</b>			d. Date Filed <b>7/18/2013</b>	
			e. Phone Number <b>910-328-5132</b>	
2. Report Year <b>2013</b>	3. Period Start Date (mm/dd/yy) <b>7/18/2013</b>	4. Period End Date (mm/dd/yy) <b>7/18/2013</b>	5. Treasurer Full Name <b>SAME</b>	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <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 <b>BB-TJ</b>		a. Financial Institution Full Name		
b. Purpose <b>CAMPAIGN</b>	c. Account Code <b>EB</b>	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ <b>0</b>		d. Period Begin Balance \$	
<b>CERTIFICATION</b>				
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.				
<b>Eural MORTON BLANCHARD</b>				<b>7/18/2013</b>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received: _____	Employee: _____	<b>Delivery Method</b>		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail		
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail		
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered		
		<input type="checkbox"/> Electronically Filed		
		<input type="checkbox"/> Signer has not received mandatory training		
<b>Please Note:</b> 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	
MORTON BLANCHARD		LHLA6B	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
202 N. ANDERSON BLVD. TOPSAIL BEACH, N.C. 28445		7/18/2013	
		e. Phone Number	
		910-328-5132	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number	f. Party Affiliation
SAME			
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
<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 (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	b. Purpose
		BB & T	CAMPAIGN
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	
		EB	
c. Phone Number	d. Email Address	d. Type	
		CHECKING	
<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.			
 Evrol Morton Blanchard Printed Name of Signer		 Evrol Morton Blanchard Signature of Appointed Treasurer	7/18/2013 Date

# 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	
Fund MORTON BLANCHARD		ORG.		LHLA6D	
Start of Election Cycle: January 1, 2013			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 0		\$ 0
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$	\$	
6) Contributions from Individuals		(CRO-1210)	\$	\$	
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)	\$	\$	
11e) Exempt Purchase Price Sales		(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)			\$	\$	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$	\$	
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)			\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 0	\$ 0	
<b>ADDITIONAL INFORMATION</b>					
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-2220)	\$	\$	
28) Contributions to be Refunded		(CRO-1215)	\$	\$	



North Carolina  
 State Board of Elections  
 441 N Harrington Street  
 Raleigh, NC 27603

Kim Westbrook Strach  
 Executive Director

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: EWAL HORTON BLANCHARD

Treasurer Name: SAME

Treasurer Address: 202 N. ANDERSON BLVD.

(include city, state, & zip) TOPSAIL BEACH, N.C. 28445

Treasurer Phone: 910-328-5132

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).

7/18/2013  
 Date Signed

E. Horton Blanchard  
 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: BLANCHARD FOR COMMISSIONER  
 Treasurer Name: ERROL MORTON, BLANCHARD  
 Treasurer Address: 202 N. ANDERSON BLVD.  
 (include city, state, & zip) TOPSALE BEACH, N.C. 28445  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910-328-5132

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.

7/18/13  
 Date Signed

[Signature]  
 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: BLANCHARD FOR COMMISSIONER  
 Treasurer Name: Errol MORTON BLANCHARD  
 Treasurer Address: 202 N. ANDERSON BLVD.  
 (include city, state, & zip) TOPSAIL BEACH, N.C. 28445  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910-328-5132

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.

Jan. 14, 2014  
Date Signed

Errol Morton Blanchard  
Signature

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