



NOTICE OF CANDIDACY
 NORTH CAROLINA
 PENDER COUNTY

ELECTION PRIMARY
 ELECTION DATE 05/06/2014
 JURISDICTION JURISDICTION VALUE

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

TO: PENDER COUNTY BOARD OF ELECTIONS Candidate ID: LHL195
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: SHERIFF

CANDIDATE'S NOTICE AND PLEDGE

(select appropriate checkbox and complete section based on the contest for which you are filing your notice of candidacy)

PARTISAN CONTESTS
 (Federal, State, County or Municipal)

I hereby file notice as a candidate for nomination as SHERIFF
 in District _____ in the REPUBLICAN party primary election to be held on 05/06/2014
 I affiliate with the REPUBLICAN party, and I certify that I am now registered on the registration records of the precinct in which I reside as an affiliate of the REPUBLICAN party. 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 with 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.

NON-PARTISAN CONTESTS

I hereby file notice as a candidate for election to the office of _____
 in District _____ in the _____ Election to be held on _____ in _____ County.

JUDICIAL CONTESTS

I hereby file notice as a candidate for election to the office of _____
 to succeed _____ (Name and District if applicable), in the regular election to be conducted _____. I certify that I am now registered on the registration records of the precinct in which I reside. I understand that if required by G.S. § 163-322, a non-partisan primary is scheduled to be conducted on My N.C. State Bar No. is _____.

CANDIDATE INFORMATION

DONALD RAY NICHOLS JR
 Full Legal Name
101 MOONEY CT
 Residential Address
HAMPSTEAD, NC 28443
 City, State and Zip
(910) 352-1261
 Home Phone (910) 352-1261
 Cell Phone

Don Nichols
 Name to Appear on Ballot
 Mailing Address
 City, State and Zip
 Business Phone
 Email Address

FELONY DISCLOSURE

Have you ever been convicted of a felony? YES NO

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. The required form can be obtained from any election office or from the NC State Board of Elections website at www.NCSBE.gov. A prior felony conviction does not preclude holding elected office if rights of citizenship have been restored. 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.

AFFIDAVIT ATTESTING TO NICKNAME

I, DONALD RAY NICHOLS JR have been duly sworn, hereby state under oath that I have been commonly known by the nickname,
 Legal Name
DON for at least five years and request that my name be placed on the ballot as follows:
 Nickname
Don Nichols. In the event that another candidate with the same last name as mine files notice of candidacy for the
 Name to Appear on Ballot
 same office for which I am a candidate, my name should be listed as follows: Donald "Don" Nichols
 (Legal name and nickname)

CANDIDATE'S AFFIRMATION

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

X _____
 Signature of Candidate

 Date

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 <u>DON NICHOLS FOR SHERIFF</u>			c. ID Number <u>LHL195</u>	
b. Mailing Address (include City, State and Zip Code) <u>101 mooney ct Hampstead NC 28443</u>			d. Date Filed <u>2/18/2014</u>	
			e. Phone Number <u>910-352-1261</u>	
2. Report Year <u>2014</u>	3. Period Start Date (mm/dd/yy) <u>JAN 1, 2014</u>	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <u>KATHLEEN GALE</u>	
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"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <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		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input checked="" 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 <u>0</u>		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <u>FIRST FEDERAL</u>		a. Financial Institution Full Name		
b. Purpose <u>CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES</u>	c. Account Code <u>ABC</u>	b. Purpose	c. Account Code	
	d. Period Begin Balance <u>\$ 0</u>		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. <u>(on 3-3-14)</u>				
<u>KATHLEEN GALE</u> Printed Name of Signer		<u>Kathleen Gale</u> Signature of Appointed Treasurer		<u>2-23-14</u> Date
FOR OFFICE USE ONLY				
Date Received:	<u>2/25/14</u>	Employee:	<u>OB</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" 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	
DON NICHOLS FOR SHERIFF		LHL195	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
101 Mooney Ct Hampstead NC 28443		2/18/2014	
		e. Phone Number	
		910-352-1261	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Donald R. Nichols, Jr.		LHL195	Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
101 mooney Ct. Hampstead NC 28443		Sheriff	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910352-1261	donnicholsforsheriff@gmail.com		
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
KATHLEEN GALE		KATHLEEN GALE	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
413 W. WINDWARD LANDING PLACE HAMPSTEAD, NC 28443		413 W. WINDWARD LANDING PLACE HAMPSTEAD, NC 28443	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-270-1759	KEGALE@BELLSOUTH.NET	910-270-1759	KEGALE@BELLSOUTH.NET
I prefer to receive notices by email <input checked="" 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	
DON NICHOLS		FIRST FEDERAL	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
101 Mooney Ct Hampstead NC 28443		NON-PROFIT BUSINESS ACCOUNT FOR COMMITTEE	
c. Phone Number	d. Email Address	c. Account Code	d. Type
910-352-1261	DON NICHOLS FOR SHERIFF @GMAIL.COM	ABC	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.			
KATHLEEN GALE		Kathleen Gale	2/20/14
Printed Name of Signer		Signature of Appointed Treasurer	Date



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: DON NICHOLS

Treasurer Name: KATHLEEN GALE

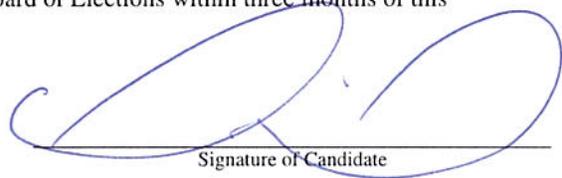
Treasurer Address: 413 W. WINDWARD LANDING PLACE
 (include city, state, & zip) HAMPSTEAD, NC 28443

Treasurer Phone: (910) 270-1759

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).

2/23/2014
 Date Signed


 Signature of Candidate

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