



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: JHLN2R
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: BOARD OF COMMISSIONERS DISTRICT 2

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 BOARD OF COMMISSIONERS DISTRICT 2 in District _____ in the DEMOCRATIC party primary election to be held on 05/06/2014. 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 as an affiliate of the DEMOCRATIC 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

CHARLES FRANCIS TIPPIT Charles Tippit
Full Legal Name Name to Appear on Ballot
15841 US HWY 17 1A
Residential Address Mailing Address
HAMPSTEAD, NC 28443
City, State and Zip City, State and Zip
(910) 512-4705
Home Phone Cell Phone 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, Charles F Tippit have been duly sworn, hereby state under oath that I have been commonly known by the nickname, Charles for at least five years and request that my name be placed on the ballot as follows: Charles. 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 as follows: _____ (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 Charles F Tippit 02/27/2014
Signature of Candidate Date

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Charles F. Tippitt			c. ID Number	
b. Mailing Address (include City, State and Zip Code) 15841 US Hwy 17 N. Hampstead N. C. 28443			d. Date Filed 2-27-14	
			e. Phone Number 512-4705	
2. Report Year 2014	3. Period Start Date (mm/dd/yy) 2-27-14	4. Period End Date (mm/dd/yy) 2-27-14	5. Treasurer Full Name Charles F. Tippitt	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input 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		Municipal <input 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		
		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		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
11. Account Information		11. Account Information		
a. Financial Institution Full Name BANK OF AMERICA		a. Financial Institution Full Name		
b. Purpose	c. Account Code CT	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 0		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.				
Charles F Tippitt Printed Name of Signer		Charles F Tippitt Signature of Appointed Treasurer		2/27/2014 Date
FOR OFFICE USE ONLY				
Date Received: _____	Employee: _____	Delivery Method		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training		
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	
Charles F. Tippit			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
15841 US Hwy 17 N Hampstead 28443		2-27-14	
		e. Phone Number	
		512-4705	
2. Candidate Information			<input type="checkbox"/> Candidate's Primary Committee
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Charles F. Tippit			
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
15841 US Hwy 17 N Hampstead 28443		County Comm	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910-512-4705	CTIPPIT0825@YAHOO	2014	#2
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Charles F. Tippit			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
15841 US Hwy 17 N Hampstead N.C. 28443			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
512-4705	CTIPPIT0825@YAHOO.COM		
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
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
c. Phone Number	d. Email Address		
<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.			
 Printed Name of Signer	 Signature of Appointed Treasurer	2/27/2014 Date	

0825@YAHOO



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: Charles F. Teppit

Treasurer Name: Same

Treasurer Address: 15841 US Hwy 17 N.
 (include city, state, & zip) HAMPSTEAD N.C 28443

Treasurer Phone: 910-512-4705

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).

2-27-14
 Date Signed

Charles F. Teppit
 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: Charles F. Tippit
 Treasurer Name: Charles F. Tippit
 Treasurer Address: 15841 US 17 Hwy 17 N-
 (include city, state, & zip) Hampstead NC
28443
 Treasurer Phone: 512-4705

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.

2-27-14
 Date Signed

Charles F. Tippit
 Signature

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