



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: 6HLN5S
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: BOARD OF COMMISSIONERS DISTRICT 1

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 1 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

JAMES DAVID WILLIAMS JR David Williams
 Full Legal Name Name to Appear on Ballot
240 DORAL DR
 Residential Address Mailing Address
HAMPSTEAD, NC 28443
 City, State and Zip City, State and Zip
(910) 270-7757 (910) 489-1103 (910) 489-1103
 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, JAMES DAVID WILLIAMS JR have been duly sworn, hereby state under oath that I have been commonly known by the nickname, DAVID for at least five years and request that my name be placed on the ballot as follows:
 Legal Name Nickname
David Williams. 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: [Signature]
 Name to Appear on Ballot (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] 02/18/2014
 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 <i>DAVID WILLIAMS FOR COMMISSIONER</i>	c. ID Number <i>6HLN55</i>
b. Mailing Address (include City, State and Zip Code) <i>411 W. WINDWARD LANDING PLACE HAMPSTEAD, NC 28443</i>	d. Date Filed <i>2/18/2014</i>
	e. Phone Number <i>910-270-0122 764-906-9501</i>

2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yy) <i>2/18/2014</i>	4. Period End Date (mm/dd/yy) <i>11/30/2014</i>	5. Treasurer Full Name <i>JAMES D. WILLIAMS SR</i>
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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	Municipal	State/County	Referendum
<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
7. Type of Fund (if applicable, check one)		<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	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>PNC BANK HAMPSTEAD, NC 28443</i>	a. Financial Institution Full Name	b. Purpose <i>CAMPAIGN FUNDS</i>	b. Purpose
b. Purpose	c. Account Code <i>539</i>	c. Account Code	c. Account Code
	d. Period Begin Balance <i>\$ - 0 -</i>		d. Period Begin Balance <i>\$</i>

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.

JAMES D. WILLIAMS J. D. Williams 2/25/2014
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 2/26/14 Employee: DB Hand Delivered
 Date Postmarked: _____ Employee: _____ Normal Mail
 Date Scanned: _____ Employee: _____ Registered Mail
 Date Data Entered: _____ Employee: _____ Electronically Filed
 Signer has not received mandatory training

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 <i>David Williams For Commissioner</i>		c. ID Number <i>6HLN55</i>	
b. Mailing Address (include City, State and Zip Code) <i>240 Dorset Dr. Hampstead NC 28443</i>		d. Date Organized <i>2/18/14</i>	
		e. Phone Number <i>910-270-7757</i>	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>James David Williams Jr.</i>		e. Candidate ID Number <i>6HLN55</i>	f. Party Affiliation <i>Republican</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>240 Dorset Dr. Hampstead ²⁸⁴⁴³</i>		g. Office Sought <i>County Commissioner</i>	
c. Phone Number <i>910-270-7757</i>	d. Email Address <i>6 Gmail</i>	h. Next Election Year <i>2014</i>	i. Jurisdiction
<input checked="" type="checkbox"/> Email copy of notices <i>David Williams 7757@gmail.com</i>			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>James David Williams Sr.</i>		a. Full Name <i>SABE</i>	
b. Mailing Address (include City, State, and Zip Code) <i>411 West Windward Landing Hampstead 28443</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>910-270-0122</i>	d. Email Address <i>Williams.2026@charter.net</i>	c. Phone Number	d. Email Address
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		<input type="checkbox"/> Add	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove	<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code) <i>N/A</i>		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.			
<i>JAMES D. WILLIAMS SR</i> Printed Name of Signer		<i>J. D. Williams Sr</i> Signature of Appointed Treasurer	<i>2/24/2014</i> 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: James "David" Williams Jr.

Treasurer Name: James David (Jim) Williams Sr.

Treasurer Address: 411 West Windward Landing
 (include city, state, & zip) Hampstead, NC 28443

Treasurer Phone: 910-270-0122

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).

2/18/14
 Date Signed

[Signature]
 Signature of Candidate

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