



NOTICE OF CANDIDACY
NORTH CAROLINA

ELECTION _____

ADMINISTRATIVE USE ONLY

ELECTION DATE _____

JURISDICTION _____

JURISDICTION
VALUE _____

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

TO: COUNTY/STATE BOARD OF ELECTIONS PENDER Candidate ID: RHLQ05
RE: NOTICE OF CANDIDACY FOR OFFICE OF: Clerk of Superior Court Pender County

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 Clerk of Superior Court Pender County
in District N/A in the Republican party primary election to be held on May 6, 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 11/4/2014. 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

Robert Walter Kilroy
Full Legal Name
447 Ballast Point Rd
Residential Address
Hampstead, NC 28443
City, State and Zip
910 270 3644 910 620 6452
Home Phone *Cell Phone*

Robert W. Kilroy
Name to Appear on Ballot
P O Box 310
Mailing Address
Burgaw, NC 28425
City, State and Zip
910 663 3944 robert.w.kilroy@nccourts.org
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, Robert Walter Kilroy *Legal Name* have been duly sworn, hereby state under oath that I have been commonly known by the nickname,
N/A *Nickname* for at least five years and request that my name be placed on the ballot as follows:
_____. 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 Robert W. Kilroy 2/13/14
Signature of Candidate *Date*

CERTIFICATION OF AFFIDAVIT OF NICKNAME
(if applicable)

STATE OF NORTH CAROLINA, _____ COUNTY

I hereby certify that, _____ the candidate who signed the AFFIDAVIT ATTESTING TO NICKNAME, personally appeared before me this day and signed this document in my presence.

Sworn to and subscribed before me this _____ day of _____.

X

Notary Signature

Printed Name

My Commission Expires

NOTARY SEAL

ACKNOWLEDGMENT OF NOTICE OF CANDIDACY

STATE OF NORTH CAROLINA, New Hanover COUNTY

I hereby certify that, Robert Walter Kilroy, the candidate who signed this NOTICE OF CANDIDACY, personally appeared before me this day and signed this document in my presence or acknowledged his/her signature to be the same.

Date: 2/13/14



X A. Renee Howard
Signature of Certifying Officer (or Notary)
A. Renee Howard
Printed Name of Certifying Officer (or Notary)
Notary Public
Title of Certifying Officer
2/21/15
My Commission Expires

VERIFICATION BY COUNTY BOARD OF ELECTIONS

The undersigned has examined the voter registration records in Pender COUNTY and found that Robert Walter Kilroy

- Is a registered voter in this county.
- (Municipal Contests Only) Is a registered voter in the municipality of _____.
- (Partisan Contests Only) Is affiliated with Republican party and has not changed his/her political party affiliation within the past ninety (90) days.

Director
Title of County Official
X [Signature]
Signature of County Official
2/13/14
Date

The Notice of Candidacy must be signed in the presence of the chairman, secretary or director of the Board of Elections with which he/she files or a candidate may have his/her signature on the Notice of Candidacy acknowledged and certified to be any officer authorized to administer an oath. (See NCGS § 163-294.2.)

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 ROBERT WALTER KILROY	c. ID Number 0HLQ05
b. Mailing Address (include City, State and Zip Code) 447 BALLAST POINT RD HAMPSHIRE, NC 26448	d. Date Filed 2/25/14
	e. Phone Number 9102703644

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 2/13/14	4. Period End Date (mm/dd/yy) 2/25/14	5. Treasurer Full Name ELIZABETH CRAVER
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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"/> Party	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name NEW RIDGE BANK	a. Financial Institution Full Name	b. Purpose CAMPAIGN FINANCE	c. Account Code RK
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.

ROBERT W KILROY Printed Name of Signer *[Signature]* Signature of Appointed Treasurer **2/25/14** Date

FOR OFFICE USE ONLY

Date Received: **2/25/14** Employee: **OB**

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 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		c. ID Number	
COMMITTEE TO RE-ELECT ROBERT W. KILROY		QHLQ09	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
447 BALLAST POINT RD HAMPSTEAD, NC 28443		2/24/14	
		e. Phone Number	
		910 270 3644	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	f. Party Affiliation
ROBERT WALTER KILROY		QHLQ09	REP <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
447 BALLAST POINT RD HAMPSTEAD, NC 28443		CLERK OF SUPERIOR COURT	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
270 766 1100	RWKilroy@charter.net	2014	PENDER
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
ELIZABETH CRAVER		SAME	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
587 SHADY LAKE RD WATNA NC 28478		SAME	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910 271 5110	ENCRAVER@G3LAW.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 <small>(incl. CRO-3500)</small>	
a. Full Name		<input type="checkbox"/> Add	<input type="checkbox"/> Add
N/A		<input type="checkbox"/> Remove	<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		a. Financial Institution Full Name	
b. Purpose		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.			
Elizabeth H Craver		E. Craver	2-24-14
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: ROBERT W. KILROY
 Treasurer Name: ELIZABETH H. CRAVER
 Treasurer Address: 567 SHADY LANE RD
 (include city, state, & zip) WATHA, NC 28478

Treasurer Phone: 910 231 8774

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).

2/24/14
 Date Signed

[Handwritten Signature]
 Signature of Candidate

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