



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: 3HLFHH
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: CLERK OF SUPERIOR COURT

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 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

SUSAN ROOKS LUNSFORD
 Full Legal Name
3536 LITTLE KELLY RD
 Residential Address
ROCKY POINT, NC 28457
 City, State and Zip
 Home Phone _____ Cell Phone (910) 471-3552

Susan Rooks Lunsford
 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, _____ have been duly sworn, hereby state under oath that I have been commonly known by the nickname, _____ for at least five years and request that my name be placed on the ballot as follows: _____
 Legal Name Nickname
 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 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 Susan Rooks Lunsford
 Signature of Candidate

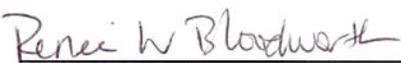
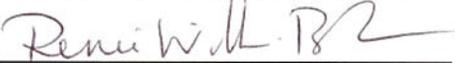
02/14/2014
 Date

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			c. ID Number	
SUSAN ROOKS LUNSFORD FOR PENDER COUNTY CLERK OF COURT			3ALFHH	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
NC PO BOX 129 ATKINSON NC 28421			02/27/2014	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2014	01/01/2014	02/25/2014	RENEE WILLIAMSON BLOODWORTH	
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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		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		
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
NEWBRIDGE BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN FINANCE	SL			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 0.00		\$	
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				
 Printed Name of Signer		 Signature of Appointed Treasurer		02/27/2014 Date
FOR OFFICE USE ONLY				
Date Received:	_____	Employee:	_____	Delivery Method
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
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.				



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:

Susan Rooks Lunsford

Treasurer Name:

Benee Williamson Bloodworth

Treasurer Address:

P.O. Box 129

(include city, state, & zip)

Atkinson, NC 28421

Treasurer Phone:

910-470-5589

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).

10-25-2013

Date Signed

Susan Rooks Lunsford

Signature of Candidate

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

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	
Susan Rooks Lunsford, for Clerk of Court			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
3536 Little Kelly Road Rocky Point, NC 28457		10-25-2013	
		e. Phone Number	
		910-471-3552	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Susan Rooks Lunsford			Democrat <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
3536 Little Kelly Road Rocky Point, NC 28457		Clerk of Court	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910-471-3552	slunsford13@outlook.com	2014	
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Renee Williamson Bloodworth		same	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 129 Atkinson NC 28411			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-470-5559	renee.bloodworth@yahoo.com		
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	b. Purpose
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
		SL	
<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.			
Renee Williamson Bloodworth		Renee W Bloodworth	2/27/14
Printed Name of Signer		Signature of Appointed Treasurer	Date