



**NOTICE OF CANDIDACY**  
**NORTH CAROLINA**  
**PENDER COUNTY**

ELECTION MUNICIPAL  
 ELECTION DATE 11/03/2015  
 JURISDICTION MUNI JURISDICTION VALUE AT

**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: BHL41Z  
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: TOWN OF ATKINSON MAYOR

**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 \_\_\_\_\_ in District \_\_\_\_\_ in the \_\_\_\_\_ party primary election to be held on \_\_\_\_\_ I affiliate with the \_\_\_\_\_ 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 \_\_\_\_\_ 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 TOWN OF ATKINSON MAYOR in District \_\_\_\_\_ in the MUNICIPAL Election to be held on 11/03/2015 in PENDER 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**

MAULIN CHANDUBHAI PATEL  
 Full Legal Name  
 308 W CHURCH STREET  
 Residential Address  
 ATKINSON, NC 28421  
 City, State and Zip  
 Home Phone \_\_\_\_\_ Cell Phone (919) 922-0563

Maulin C Patel  
 Name to Appear on Ballot  
 126 W CHURCH STREET  
 Mailing Address  
 ATKINSON, NC 28421  
 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](http://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: \_\_\_\_\_ 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 Maulin C Patel  
 Signature of Candidate

07/15/2015  
 Date

# 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).

<b>1. Committee Information</b>			
a. Full Name Maulin C. Patel		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 126 W. Church St. Atkinson, NC 28421		d. Date Organized 7-15-15	e. Phone Number 919-922-0563
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name Maulin C. Patel		e. Candidate ID Number	f. Party Affiliation non-partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 126 W. Church St. Atkinson, NC 28421		g. Office Sought Mayor	
c. Phone Number 919-922-0563	d. Email Address mp23@hotmail.com	h. Next Election Year 2015	i. Jurisdiction Atkinson, NC
<input checked="" type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) Same		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	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			
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
Maulin C. Patel		M. C. Patel	7-15-15
Printed Name of Signer		Signature of Appointed Treasurer	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

<b>1. Committee Information</b>	
a. Full Name <i>Madhvi Chandubhai Patel</i>	c. ID Number
b. Mailing Address (Include City, State and Zip Code) <i>126 W. Church St. Atkinson NC 28421</i>	d. Date Filed <i>7-15-15</i>
	e. Phone Number <i>919-922-0563</i>

2. Report Year <i>2015</i>	3. Period Start Date (mm/dd/yy) <i>7-15-15</i>	4. Period End Date (mm/dd/yy) <i>7-15-15</i>	5. Treasurer Full Name <i>Senel</i>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser			
<input type="checkbox"/> Legal Expense Fund				
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>		

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance		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:

*Madhvi C. Patel*      *Madhvi C. Patel*      *7-15-15*

Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_

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.



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

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Candidate Name: Maulin C. Patel

Treasurer Name: \_\_\_\_\_

Treasurer Address: 126. W. Church St.

(include city, state, & zip) Atkinson, NC 28421

Treasurer Phone: 919-922-0563

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).

7-15-15  
Date Signed

Maulin C. Patel  
Signature of Candidate



North Carolina  
 State Board of Elections  
 441 N Hartington Street  
 Raleigh, NC 27603

Kim Westbrook Strach  
 Executive Director

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173

**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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Committee Name:

*Martin C. Pote*

Treasurer Name:

Treasurer Address:

*126 W. Church St.*

(include city, state, & zip)

*Atkinson, NC 28421*

Treasurer Phone:

**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.

*7-15-15*  
 Date Signed

*Martin C. Pote*  
 Signature



**North Carolina**  
**State Board of Elections**  
 506 N Harrington Street  
 Raleigh, NC 27603

Kimberly Westbrook-Strach  
 Deputy Director – Campaign Reporting

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173  
 Fax: (919) 715-8047

**Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

**FILED BY:**

Committee Name: Committee to elect Maulin Patel  
 Treasurer Name: Maulin Patel  
 Treasurer Address: 308 W Church St.  
 (include city, state, & zip) Atkinson NC 28421  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 919 922 0543

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

11/27/2016  
 Date Signed

Maulin C. Patel  
 Signature

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

**Pender County Board of Elections**  
 PO Box 1232  
 Burgaw, NC 28425