



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: 8HL7KQ
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: TOWN OF ATKINSON COMMISSIONER

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 COMMISSIONER 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

THOMAS GAY Thomas Gay
 Full Legal Name Name to Appear on Ballot
201 W MAIN STREET _____
 Residential Address Mailing Address
ATKINSON, NC 28421 _____
 City, State and Zip City, State and Zip
 Home Phone (910) 612-3820 Business Phone _____
 Cell 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
 _____ 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: _____
 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 Thomas Gay 07/13/2015
 Signature of Candidate 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).

| 1. Committee Information | | | |
|---|--------------------|--|----------------------|
| a. Full Name | | c. ID Number | |
| Thomas John Gay | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 201 W main St Atkinson NC 28421 | | 2/13/15 | |
| | | e. Phone Number | |
| | | 910 612 3820 | |
| 2. Candidate Information | | | |
| <input checked="" type="checkbox"/> Candidate's Primary Committee | | | |
| a. Full Name | | e. Candidate ID Number | f. Party Affiliation |
| Thomas John Gay | | | |
| b. Mailing Address (include City, State, and Zip Code) | | g. Office Sought | |
| 201 W Main St Atkinson NC 28421 | | Town Board | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction |
| 910 612 3820 | graniteman59@yahoo | | |
| <input checked="" type="checkbox"/> Email copy of notices | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| Thomas Gay | | Thomas Gay | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 201 W Main St Atkinson NC 28421 | | 201 W Main St Atkinson NC 28421 | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 612-3820 | graniteman59@yahoo | 612-3820 | graniteman59@yahoo |
| 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 | |
| | | | |
| c. Phone Number | d. Email Address | 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. | | | |
| Thomas Gay | | Thomas Gay | 2/13/15 |
| 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

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: Thomas Gay for Atkinson Board

Treasurer Name: Thomas Gay

Treasurer Address: 201 W Main 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.

7/13/15
 Date Signed

Thomas Gay
 Signature



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: Thomas Gay
 Treasurer Name: Thomas Gay
 Treasurer Address: 201 W Main St
 (include city, state, & zip) Atkinson NC 28421

Treasurer Phone: 910 612-3820

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).

2/13/15
 Date Signed

Thomas Gay
 Signature of Candidate



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

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name:

Thomas Gay for Atkinson Board

Treasurer Name:

Thomas Gay

Treasurer Address:

201 W Main St

(include city, state, & zip)

Atkinson NC 28421

Treasurer Phone:

910 612-3820

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports. If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

| Type of account | Financial Institution | Address | Account Number | Account Code |
|-----------------|-----------------------|---------|----------------|--------------|
| | | | | |
| | | | | |

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

7/13/15
Date Signed

Thomas Gay
Signature of Candidate or Treasurer

For Candidate Committees Only

In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

7/13/15
Date Signed

Thomas Gay
Signature of Candidate or Treasurer



FEB 19 2016

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: _____

Thomas Gay

Treasurer Name: _____

Treasurer Address: _____

(include city, state, & zip) _____

Treasurer Phone: _____

612-3870

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.

2/6/16
Date Signed

Thomas Gay
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