



NOTICE OF CANDIDACY (Non- PARTISAN) 2015 BURGAW/PENDER Election
Election Year Municipal/County

For the office of: Commissioner
Date: 7-9-15 Candidate ID: _____

I hereby file notice as a candidate for election to the office of Commissioner in the Municipal Election to be held on Nov 3-2015 in PENDER County.
I request that my name appear on the ballot as follows:

ELAINE TYSON
Please print or type name above
609 S. BICKETT ST
Residential Address: (Street, City, Zip)
BURGAW NC 28425
Mailing Address if different (POB, City, Zip)

Home: (910) 259-4391 Cell: (910) 233-1178 Business: () - -

Check "YES" or "NO" I swear to the following to be true, correct, and complete to the best of my knowledge or belief.
YES NO
 Have you ever been convicted of a felony? (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.)

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

Signature of Candidate (legal name) Elaine Tyson

Certification of Notice of Candidacy

I hereby certify that ELAINE TYSON the candidate who signed above, personally appeared before me this day and signed in my presence.

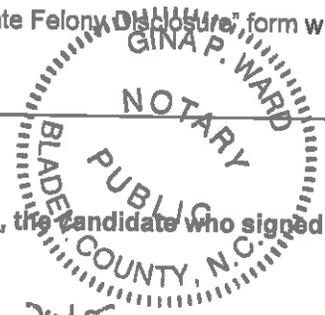
Sworn and subscribed before me this 9th day of July, 2015

Title and signature of certifying Officer: Deputy Director

My commission expires: 9/3/18 State of North Carolina, County of Bladen

Verification by County Board of Elections

The undersigned has examined the voter registration records in Pender County and found Elaine Tyson to be a registered voter in the municipality/county of Pender
County Chairman, Secretary or Director: Ann P. Ward 7/9/15
Signature and 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 by any officer authorized to administer an oath. (See NCGS § 163-294.2.) In signing his/her notice of candidacy the candidate may use a nickname provided the candidate complies with the requirement specified in GS § 163-106 and GS § 163-323(a).

Information about the powers, duties, and responsibilities of city and county elective offices in North Carolina is available from the School of Government of the University of North Carolina at Chapel Hill at <http://www.sog.unc.edu>. The School of Government provides training, research, and consultation for state and local government officials and citizens.

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>EIaine TYSON</i> | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) <i>609 S. BICKETT ST BAUGAW NC 27925</i> | d. Date Filed |
| | e. Phone Number <i>910 259 4391</i> |

| | | | |
|--------------------------------------|--|--------------------------------------|--|
| 2. Report Year <i>2015</i> | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name <i>EIaine TYSON</i> |
|--------------------------------------|--|--------------------------------------|--|

| | | | | |
|--|---|--|---|---|
| 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 checked="" type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> 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 | | <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 | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |

| | | | |
|------------------------------------|-------------------------|------------------------------------|-------------------------|
| 11. Account Information | | 11. Account Information | |
| 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.

EIaine TYSON *EIaine Ty* *7-9-15*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

| | | |
|--------------------------|-----------------|---|
| Date Received: _____ | Employee: _____ | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: _____ | Employee: _____ | |
| Date Scanned: _____ | Employee: _____ | |
| Date Data Entered: _____ | Employee: _____ | |

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.

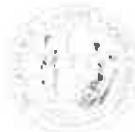
Statement of Organization - Candidate Committee

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 | |
| ELAINE BATSON TYSON | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 609 S. BICKETT ST BURGAW NC 28425 | | | |
| | | e. Phone Number | |
| | | | |
| 2. Candidate Information | | | |
| <input type="checkbox"/> Candidate's Primary Committee | | | |
| a. Full Name | | e. Candidate ID Number | f. Party Affiliation |
| ELAINE TYSON | | | REP. <small>(Indicate Non-partisan if applicable)</small> |
| b. Mailing Address (include City, State, and Zip Code) | | g. Office Sought | |
| 609 S. BICKETT ST BURGAW NC 28425 | | COMMISSIONER | |
| c. Phone Number | d. Email Address | h. Next Election Year | i. Jurisdiction |
| 910 259 4391 | EBT609@YAHOO.COM | 2015 | BURGAW |
| <input type="checkbox"/> Email copy of notices | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| ELAINE TYSON | | ELAINE TYSON | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| 609 S. BICKETT ST BURGAW NC 28425 | | 609 S. BICKETT ST BURGAW NC 28425 | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 910 259 4391 | EBT609@YAHOO.COM | 910 259 4391 | EBT609@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 | |
| ELAINE TYSON | | FIRST CITIZENS BANK | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose | |
| 609 S. BICKETT ST BURGAW NC 28425 | | | |
| c. Phone Number | d. Email Address | c. Account Code | d. Type |
| 910 259 4391 | EBT609@YAHOO.COM | | |
| <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. | | | |
| <u>ELAINE TYSON</u> Printed Name of Signer | |  Signature of Appointed Treasurer | |
| | | <u>7-9-15</u> 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: ELAINE TYSON

Treasurer Name: ELAINE TYSON

Treasurer Address: 609 S. BICKERH ST

(include city, state, & zip) BURGAW NC 28425

Treasurer Phone: 910 259 4391

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.

~~2011~~ 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.

7.9.15
 Date Signed

Elaine Tyson
 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: ELAINE TYSON
 Treasurer Name: ELAINE TYSON
 Treasurer Address: 609 S. BICKETT ST
 (include city, state, & zip) BURGAW NC 28425

 Treasurer Phone: 910 259 4391

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).

7.9.15
 Date Signed

Elaine Tyson
 Signature of Candidate



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:

PHILIP TISEN

Treasurer Name:

PHILIP TISEN

Treasurer Address:

607 S BICKERST

(include city, state, & zip)

BURGAW NC 28425

Treasurer Phone:

910 259 4391

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.

1-16-16

Date Signed

Philip Tisen

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