



NOTICE OF CANDIDACY
NORTH CAROLINA
PENDER COUNTY

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

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: 2HL0R0
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: TOWN OF BURGAW 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 BURGAW 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

SHEREE EVONNE SHEPARD
Full Legal Name
1111 STANFORD AVE UNIT 205
Residential Address
BURGAW, NC 28425
City, State and Zip
(910) 431-9943
Home Phone

Sheree Evonne Shepard
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.NC/SBE.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 Sheree Shepard
Signature of Candidate

07/17/2015
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 Sherree Shepard	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1111 Standford Ave Apt 205 Burgaw NC 28425	d. Date Filed 7/17/2015
	e. Phone Number (910)431-9943

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name

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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input checked="" 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 type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 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"/> Other:			
8. Number of Fundraisers this Report			

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
Campaign Finance	S.S		
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.

 Sherree E. Shepard
 Printed Name of Signer

 Sherree E. Shepard
 Signature of Appointed Treasurer

 7/17/2015
 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

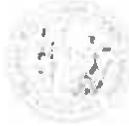
Amendment
 Yes No

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	
Sheree Shepard			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1111 Standford Ave Apt 205 Burgaw NC 28425.		7/17/2015	
		e. Phone Number	
		(910)431-9943	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Sheree Shepard			
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
1111 Standford Ave Apt 205 Burgaw NC 28425			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
(910) 431-9943	Sheree.Shepard78@outlook.com	2015	
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Sheree Shepard		Sheree Shepard	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1111 Standford Ave Apt 205 Burgaw NC 28425		1111 Standford Ave Apt 205 Burgaw NC 28425	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(910)431-9943			
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
		Wells	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	c. Account Code	d. Type
		S.S	
<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.			
Sheree Shepard		7/17/2015	
Printed Name of Signer		Date	

NC
28425



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: Sheree Sheppard

Treasurer Name: same

Treasurer Address: 1111 Standford Ave Apt 205

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

Treasurer Phone: (910)431-9943

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.

7/17/15
 Date Signed

Sheree Sheppard
 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:

Sheree Shepard

Treasurer Name:

same

Treasurer Address:

1111 Standford Ave Apt 205

(include city, state, & zip)

Burgaw NC 28425

Treasurer Phone:

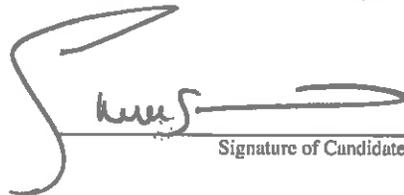
(910) 431-9943

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).

7/17/15

Date Signed



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: Sheree Shepard
 Treasurer Name: Sheree Shepard
 Treasurer Address: 1111 Stamford Ave Apt 205
 (include city, state, & zip) Bergaw NC 28425

 Treasurer Phone: (910) 431-9943

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.

12/1/15
 Date Signed

Sheree Shepard
 Signature

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