



NOTICE OF CANDIDACY (Non- PARTISAN)

2016 Pender Election
Election Year Municipal/County

For the office of: Council Person

Date: 7-6-15 Candidate ID: _____

I hereby file notice as a candidate for election to the office of Council Person in the November Election to be held on Nov 3 in Pender County.

I request that my name appear on the ballot as follows:

Donald Ray Helms

Please print or type name above
105 Bunchberry Court

Residential Address: (Street, City, ZIP)
Hampstead, N.C. 28443

Mailing Address: If different (POB, City, Zip)

Home: 910 279-1133 Cell: 910 279-1133 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) Donald Ray Helms

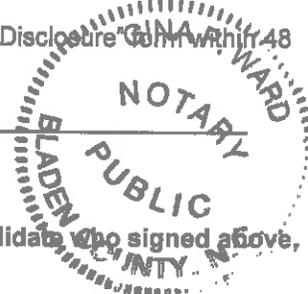
Certification of Notice of Candidacy

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

Sworn and subscribed before me this 6th day of July, 2015.

Title and signature of certifying Officer: Deputy Director, Ann P. Ward

My commission expires: _____ State of North Carolina, County of Pender



Verification by County Board of Elections

The undersigned has examined the voter registration records in Pender County and found Donald Ray Helms to be a registered voter in the municipality/county of Surf City
County Chairman, Secretary or Director: Ann P. Ward

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 www.sog.unc.edu/programs/ncna/. The School of Government provides training, research, and consultation for state and local government officials and citizens.

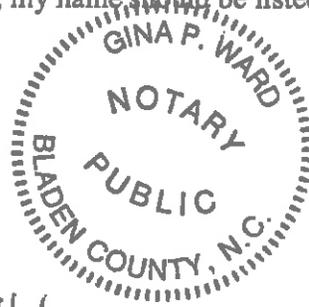
Affidavit Attesting to Nickname
(NCGS § 163-106(a))

I, Donald Ray Helms (Legal name) have been duly sworn, hereby state under oath that I have been commonly known by the nickname, Don, for at least five years and request that my name be placed on the ballot as follows: Donald Ray Helms. (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 on the ballot as follows:

Donald Ray Helms
(Legal name and nickname)

Donald Ray Helms
(Signature - legal name)



I hereby certify that Donald Ray Helms, the candidate who signed above, personally signed in my presence.

Sworn to and subscribed before me this 6th day of July, 2015.

Deputy Director
Title of Certifying Officer

Gina P. Ward
Signature of Certifying Officer

My commission expires: _____ My Commission Expires 9-3-2018.

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>Donald Ray Helms</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>105 Bunchberry Ct Hampstead, N.C. 28443</i>	
d. Date Filed <i>7-6-15</i>	
e. Phone Number <i>910-279-1133</i>	

2. Report Year <i>2016</i>	3. Period Start Date (mm/dd/yy) <i>7-6-15</i>	4. Period End Date (mm/dd/yy) <i>11-15-15</i>	5. Treasurer Full Name <i>Donald Ray Helms</i>
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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 checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<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"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input checked="" 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 checked="" 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.

Donald Ray Helms *Donald Ray Helms* *7-6-15*
 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 <i>Donald Ray Helms</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>105 Bunchberry Court Hampstead, N.C. 28443</i>		d. Date Organized <i>7-6-15</i>	
		e. Phone Number <i>910-279-1133</i>	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>Donald Ray Helms</i>		e. Candidate ID Number	f. Party Affiliation <i>Non Partisan</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>105 Bunchberry Court Hampstead, N.C. 28443</i>		g. Office Sought <i>Council Person</i>	
c. Phone Number <i>910-279-1133</i>	d. Email Address <i>Donald Helms47@yahoo.com</i>	h. Next Election Year	i. Jurisdiction
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Donald Ray Helms</i>		a. Full Name <i>Donald Ray Helms</i>	
b. Mailing Address (include City, State, and Zip Code) <i>105 Bunchberry Ct Hampstead, N.C. 28443</i>		b. Mailing Address (include City, State, and Zip Code) <i>105 Bunchberry Ct. Hampstead, N.C. 28443</i>	
c. Phone Number <i>910-279-1133</i>	d. Email Address <i>Donald Helms 47@yahoo.com</i>	c. Phone Number <i>910-279-1133</i>	d. Email Address <i>Donald Helms47@yahoo.com</i>
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. 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			
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.			
<i>Donald R. Helms</i> Printed Name of Signer		<i>Donald Ray Helms</i> Signature of Appointed Treasurer	<i>7-6-15</i> 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 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: Donell Ray Helms
 Treasurer Name: Donell Ray Helms
 Treasurer Address: 105 Bunchberry Ct.
 (include city, state, & zip) Hampstead, N.C. 28443

 Treasurer Phone: 910-279-1133

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).

7-6-15
 Date Signed

Donell Ray Helms
 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

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: Swain County Town Council

Treasurer Name: Donald Ray Helms

Treasurer Address: 105 Bunchberry Court

(include city, state, & zip) Hampstead, N.C. 28443

Treasurer Phone: 910 279-1133

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.

~~GW~~ 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.

7-6-15
 Date Signed

Donald Ray Helms
 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: Donald Helms for Town Council
 Treasurer Name: Donald Ray Helms
 Treasurer Address: 105 Bunchberry Court
 (include city, state, & zip) Surf City
N.C. 28443
 Treasurer Phone: 910-279-1133

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.

1-13-16
 Date Signed

Donald L. Helms
 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