



NOTICE OF CANDIDACY
 NORTH CAROLINA
 PENDER COUNTY

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

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: 7HLR01
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: TOWN OF SURF CITY COUNCILMAN

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 SURF CITY COUNCILMAN 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

GARRY MICHAEL NOEL Garry Noel
Full Legal Name Name to Appear on Ballot
112 OSIER DR
Residential Address Mailing Address
HAMPSTEAD, NC 28443
City, State and Zip City, State and Zip
(910) 616-3041
Home Phone Cell Phone 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. 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, _____ Legal Name have been duly sworn, hereby state under oath that I have been commonly known by the nickname, _____ Nickname for at least five years and request that my name be placed on the ballot as follows: _____ 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 as follows: _____ (Legal name and nickname)

CANDIDATE'S AFFIRMATION

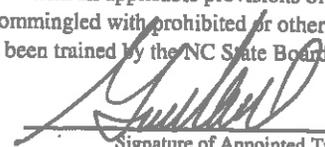
I swear or affirm that the statements on this form are true, correct and complete to the best of my knowledge or belief.

X 07/06/2015
Signature of Candidate 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 NOEL FOR TOWN COUNCIL			c. ID Number 7HLR01	
b. Mailing Address (include City, State and Zip Code) 117 OSIAN DR HAMPSHIRE, NC 28443			d. Date Filed	
			e. Phone Number	
2. Report Year 2015	3. Period Start Date (mm/dd/yy) 07/06/15	4. Period End Date (mm/dd/yy) 07/06/15	5. Treasurer Full Name CAROLYN ROSE-DeLONG	
6. Type of Committee (Check One) <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		9. Type of Report (check only one type of report from one category) 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		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other:		<input checked="" type="checkbox"/> 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		10. Special Report Name
8. Number of Fundraisers this Report 0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name FIRST CITIZENS BANK		a. Financial Institution Full Name		
b. Purpose CAMPAIGN	c. Account Code GN	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 0		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.				
GARY NOEL Printed Name of Signer		 Signature of Appointed Treasurer		06 JUL 15 Date
FOR OFFICE USE ONLY				
Date Received:	7/6/15	Employee:	DN	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" 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 NOEL FOR TOWN COUNCIL		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 112 OSIER DR. HAMPSHIRE, NC 28443		d. Date Organized	
		e. Phone Number	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name GARRY MICHAEL NOEL		e. Candidate ID Number	f. Party Affiliation (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code) 112 OSIER DR. HAMPSHIRE, NC 28443		g. Office Sought SURFCITY TOWN COUNCIL	
c. Phone Number 910 616 3041	d. Email Address GARRYNTD@GMAIL.COM	h. Next Election Year	i. Jurisdiction
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name CAROLYN ROSE-DELONG		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 16324 US HWY 17 N HAMPSHIRE 28443		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 910 821 1515	d. Email Address	c. Phone Number	d. Email Address
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 FIRST CITIZENS	
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.			
GARRY NOEL Printed Name of Signer		 Signature of Appointed Treasurer	06 JUL 15 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: GARRY NOEL
 Treasurer Name: CAROLYNN ROSE-DELANG
 Treasurer Address: 16324 US HWY 17N
 (include city, state, & zip) HAMPSTEAD NC 28443

Treasurer Phone: (910) 821-1515

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).

06 Jul 2015
 Date Signed

[Signature]
 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: NOEL FOR TOWN COUNCIL

Treasurer Name: CAROLYNN ROSE-DELONG

Treasurer Address: 16324 US HWY 17 N HAMPSTEAD
 (include city, state, & zip) 28443

Treasurer Phone: 910 821-1515

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.

06 Jul 15
 Date Signed

[Signature]
 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:

NOEL CAMPAIGN FOR TOWN COUNCIL

Treasurer Name:

GARRY NOEL

Treasurer Address:

112 OSIER DR.

(include city, state, & zip)

HAMPSTEAD, NC 28443

Treasurer Phone:

910-616-3041

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.

28 JAN 16
Date Signed

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