



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: 0HL665
 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

WILLIAM JOSEPH FOWLER
Full Legal Name
421 ATKINSON POINT ROAD

William J. Fowler (Buddy)
Name to Appear on Ballot
421 ATKINSON POINT RD

Residential Address

Mailing Address

HOLLY RIDGE, NC 28445
City, State and Zip

HOLLY RIDGE, NC 28445
City, State and Zip

(910) 328-3896 (910) 814-7009
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, WILLIAM JOSEPH FOWLER Legal Name have been duly sworn, hereby state under oath that I have been commonly known by the nickname, BUDDY Nickname for at least five years and request that my name be placed on the ballot as follows: William J. Fowler (Buddy) 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: William J. Fowler (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.

William J. Fowler
Signature of Candidate

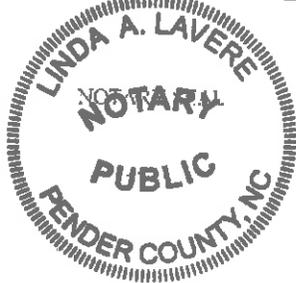
07/06/2015
Date

CERTIFICATION OF AFFIDAVIT OF NICKNAME
(if applicable)

STATE OF NORTH CAROLINA, PENDER COUNTY

I hereby certify that, WILLIAM JOSEPH FOWLER the candidate who signed the AFFIDAVIT ATTESTING TO NICKNAME, personally appeared before me this day and signed this document in my presence.

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



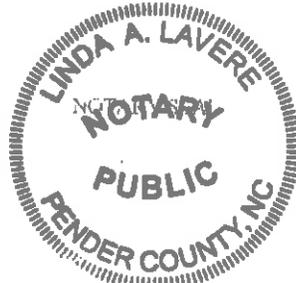
X Linda A. LaVere
Notary Signature
Linda A. LaVere
Printed Name
March 11, 2020
My Commission Expires

ACKNOWLEDGMENT OF NOTICE OF CANDIDACY

STATE OF NORTH CAROLINA, PENDER COUNTY

I hereby certify that, WILLIAM JOSEPH FOWLER, the candidate who signed this NOTICE OF CANDIDACY, personally appeared before me this day and signed this document in my presence or acknowledged his/her signature to be the same.

Date: 07/06/2015



X Linda A. LaVere
Signature of Certifying Officer (or Notary)
Linda A. LaVere
Printed Name of Certifying Officer (or Notary)
Notary
Title of Certifying Officer
March 11, 2020
My Commission Expires

VERIFICATION BY COUNTY BOARD OF ELECTIONS

The undersigned has examined the voter registration records in PENDER COUNTY and found that WILLIAM JOSEPH FOWLER

- Is a registered voter in this county.
- (Municipal Contests Only) Is a registered voter in the municipality of SURF CITY
- (Partisan Contests Only) Is affiliated with _____ party and has not changed his/her political party affiliation within the past ninety (90) days.

Director
Title of County Official
X [Signature]
Signature of County Official
7/6/15
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 be any officer authorized to administer an oath. (See NCGS § 163-294.2.)

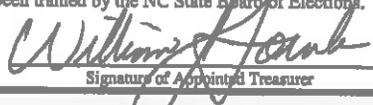
Disclosure Report Cover

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>William J. Fowler</i>			c. ID Number				
b. Mailing Address (include City, State and Zip Code) <i>1621 Atkinson Point Road Holly Ridge, N.C. 28445</i>			d. Date Filed <i>7-6-15</i>	e. Phone Number <i>910-328-3896</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>7-6-16</i>	5. Treasurer Full Name <i>William J. Fowler</i>				
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table style="width:100%; border:none;"> <tr> <td style="border:none;"> 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 </td> <td style="border:none;"> 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 </td> <td style="border:none;"> 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 </td> </tr> </table>			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
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) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name					
8. Number of Fundraisers this Report							
11. Account Information a. Financial Institution Full Name <i>Bank of America</i>		11. Account Information a. Financial Institution Full Name <i>Bank of America</i>					
b. Purpose <i>Campaign acct.</i>		b. Purpose <i>Campaign acct.</i>		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.							
<i>William J. Fowler</i> Printed Name of Signer		 Signature of Appointed Treasurer		<i>7-6-15</i> 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					
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training					
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>William Joseph Fowler</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>421 Atkinson Point Rd Holly Ridge, N.C. 28045</i>		d. Date Organized <i>7-6-15</i>	
		e. Phone Number <i>910-328-3896</i>	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>William J. Fowler</i>		e. Candidate ID Number	f. Party Affiliation <i>Democrat</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>421 Atkinson Point Rd Holly Ridge, N.C. 28045</i>		g. Office Sought <i>Councilman</i>	
c. Phone Number <i>910-328-3896</i>	d. Email Address <i>Wbuddyfowler@Ad.com</i>	h. Next Election Year <i>2016</i>	i. Jurisdiction <i>SURF CITY</i>
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>William Joseph Fowler</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>421 Atkinson Point Rd Holly Ridge, N.C. 28045</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>910-328-3896</i>	d. Email Address <i>Wbuddyfowler@Ad.com</i>	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 <i>N/A</i>		a. Financial Institution Full Name <i>Bank of America</i>	
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>William J. Fowler</i> Printed Name of Signer		<i>William J. Fowler</i> Signature of Appointed Treasurer	<i>7-6-2015</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: William J. (Buddy) Fowler
Treasurer Name: William J. Fowler
Treasurer Address: 421 Atkinson Point Rd.
(include city, state, & zip) Holly Ridge, N. C. 28445

Treasurer Phone: 910-328-3896

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).

7-6-2015
Date Signed

William J. Fowler
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: William J. (Buddy) Fowler
 Treasurer Name: William J. Fowler
 Treasurer Address: 421 Atkinson Point Road
 (include city, state, & zip) Holly Ridge, N.C. 28445

 Treasurer Phone: 910-328-3896

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.

7-6-15
 Date Signed

William J. Fowler
 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: William J. (Buddy) Fowler
 Treasurer Name: William J. Fowler
 Treasurer Address: 421 Atkinson Point Road
 (include city, state, & zip) Holly Ridge, N.C. 28445

 Treasurer Phone: 910-328-3896

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.

1-12-16
 Date Signed

William J. Fowler
 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