



NOTICE OF CANDIDACY (Non- PARTISAN) 2008 GENERAL Election
(Name of Election)

For the office of: BOARD OF EDUCATION OWEN

Date: 07/16/2008 Candidate ID: EDH7F9
BOARD OF EDUCATION OWEN

I hereby file notice as a candidate for election to the office of _____ in the
2008 GENERAL Election to be held on 11/04/2008 in BUNCOMBE County or
Municipality. I request that my name appear on the ballot as follows:

Chris Bradford
Please print or type name above
222A VARDEN PLACE SWANNANOVA, NC 28778
Residential Address: (Street, City, ZIP)

Mailing Address if different (POB, City, Zip)

Home: (828) 686 - 4371 Cell: () _____ - _____ Business: (828) 686 - 5032

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. G.S. 163-106

Christopher Bradford
Signature of Candidate (legal name)

Certification of Notice of Candidacy

I hereby certify that Chris Bradford 16378.5, the candidate who signed above,
(Name as it will appear on ballot)
personally appeared before me this day and signed in my presence.

Sworn and subscribed before me this 16th day of July, 2008

Title and signature of Certifying Officer: Notary Public Rachel B...

My commission expires: 8/21/10

Verification by BUNCOMBE County Board of Elections


The undersigned has examined the voter registration records in BUNCOMBE County and found
CHRISTOPHER BRADFORD to be a registered voter in the county or municipality
of BUNCOMBE.

County Chairman or Director: Miss D. Parker
Signature and date

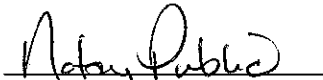
The Notice of Candidacy must be signed in the presence of the chairman, secretary or director of the Board of
Elections with which he/she files or a candidate may have his/her signature on the Notice of Candidacy acknowledged
and certified to by any officer authorized to administer an oath. (See NCGS § 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).

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

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


(Signature - legal name)

Sworn to and subscribed before me this 16th day of July, 2008.


Title of Certifying Officer


Signature of Certifying Officer

My commission expires: 8/21/10



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 of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Chris BRADFORD
Treasurer Name: Chris Bradford
Treasurer Address: 222A Varden Place
(include city, state, & zip) SWANNANOA NC 28778

Treasurer Phone: 828-686-4371

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).

2/15/08
Date Signed

[Signature]
Signature of Candidate

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



North Carolina
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 506 N Harrington Street
 Raleigh, NC 27603

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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle.

FILED BY:

Committee Name: Chris Bradford

Treasurer Name: Chris Bradford

Treasurer Address: 222 A Vanden Place
 (include city, state, & zip) Swannanoa NC 28778

Treasurer Phone: 828-686-4371

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 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 \$3,000 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 under the \$3000 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.

7/15/08
 Date Signed

CE Bradford
 Signature

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

Statement of Organization - Candidate Committee

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.

| | |
|------------------------------|-----------------------------|
| Amendment | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| 1. Committee Information | | | |
|---|------------------|--|--------------------------|
| a. Full Name | | c. ID Number | |
| Christopher James Bradford | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 222A Varden Place | | | |
| Swannanoa NC 28778 | | e. Phone Number | |
| | | 828-686-4371 | |
| 2. Candidate Information | | <input type="checkbox"/> Candidate's Primary Committee | |
| a. Full Name | | c. Candidate ID Number | d. Party Affiliation |
| Christopher James Bradford | | | Dem Non Part. |
| b. Mailing Address (include City, State, and Zip Code) | | e. Office Sought | f. Jurisdiction |
| 222A Varden Place | | | |
| Swannanoa NC 28778 | | (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.) | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State, and Zip Code) | |
| | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| | | | |
| 5. Assistant Treasurer Information | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name | | 6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| | | 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 |
| | | | |
| 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. | | | |
| Chris Boyle | | 7/15/08 | |
| Printed Name of Signer | | Date | |
| | | Signature of Appointed Treasurer | |