

NORTH CAROLINA  
STATE BOARD OF ELECTIONS  
PO BOX 27255, RALEIGH NC 27611  
TELEPHONE 919-733-7173



NOTICE OF CANDIDACY 2008  
COUNTY AND LEGISLATIVE

TO THE Buncombe County BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as Soil and Water Conservation District Board  
(Name of Office)

District \_\_\_\_\_, in the \_\_\_\_\_ Party Primary Election scheduled for May 6, 2008.  
(Name of Political Party)

I affiliate with the Democratic 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 Democratic 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 within the past ninety (90) days.

I pledge that if I am defeated in the primary, I will not run for any office as a write-in candidate in the next general election.

Have you ever been convicted of a felony?  YES  NO  
(This shall not apply to candidates required by G.S. 138A-22 (d) to file a Statement of Economic Interest)  
If the answer is yes, provide the following:

Name of the offense: \_\_\_\_\_ Date of the conviction: \_\_\_\_\_

Date of the restoration of citizenship rights: \_\_\_\_\_ County and state of conviction: \_\_\_\_\_

The felony does not need to be disclosed if the same was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.

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

14 Old Newfound Road  
Residence Address  
Leicester, NC 28748  
City, State, Zip  
\_\_\_\_\_  
Mailing Address, if different  
\_\_\_\_\_  
City, State, Zip

James H. Comar  
Name as it will appear on Ballot  
[Signature]  
Signature of Candidate  
683-9339  
Home Telephone  
\_\_\_\_\_  
Work Telephone  
\_\_\_\_\_  
State Bar Number (DA Offices only)

Certification of Notice of Candidacy

I hereby certify that \_\_\_\_\_, the candidate who signed above, personally appeared  
(Name as it will appear on Ballot)  
before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her signature to be the same.

This \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Signature of Certifying Officer  
\_\_\_\_\_  
Title of Certifying Officer

My commission expires: \_\_\_\_\_

Verification by County Board

The undersigned has examined the voter registration records in \_\_\_\_\_ County and found \_\_\_\_\_ to be a registered voter, affiliated with the \_\_\_\_\_ Party and that subject candidate has not changed his/her political party affiliation within the past ninety (90) days.

\_\_\_\_\_  
County  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Chairman or Director

This form is available as a public record in the elections office where filed. A prior felony conviction does not preclude holding elected office if rights of citizenship have been restored.





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: James H. Coman

Treasurer Name: SAME

Treasurer Address: 14 Old Newfound Rd.  
 (include city, state, & zip) LEICESTER, NC 28748

Treasurer Phone: 683-9339

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).

4/13/08  
 Date Signed

Signature of Candidate

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



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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: James H. Coman

Treasurer Name: SOME

Treasurer Address: 14 Old Newstead Rd.  
 (include city, state, & zip) Leicester NC 28748

Treasurer Phone: 683-4339

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.

6/13/08  
 Date Signed

[Signature]  
 Signature

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



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**Confidential**

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

**FILED BY:**

Committee Name: James H. Coman  
 Treasurer Name: 5207E  
 Treasurer Address: 14 Old Newfornal Rd  
 (include city, state, & zip) Leicester, NC 28748  
 Treasurer Phone: 983-9339

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Account Code

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

6/13/08  
 Date Signed

[Signature]  
 Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option)

6/13/08  
 Date Signed

[Signature]  
 Signature of Candidate or Treasurer