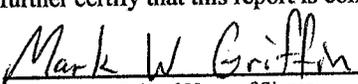
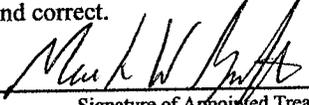


Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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		c. ID Number	
Citizens to Elect Mark Griffin			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
465 Daugherty Rd Dover, NC 28526		2/27/2014	
		e. Phone Number	
		(252) 268-0657	
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Mark Wesley Griffin		9CDZ67	Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
465 Daugherty Rd Dover, NC 28526		Clerk of Superior Court, Craven County	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
(252) 268-0657	electmarkgriffin@gmail.com	2014	3B
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Mark Wesley Griffin			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
465 Daugherty Rd Dover, NC 28526			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(252) 268-0657	electmarkgriffin@gmail.com		
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		Branch Banking and Trust	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Committee Checking Acct	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		01	Checking
<input checked="" 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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		Date 2/28/2014	

COPY



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
Fax: (919) 715-8047

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.

FILED BY:

Committee Name: Citizens to Elect Mark Griffin

Treasurer Name: Mark W Griffin

Treasurer Address: 465 Daugherty Rd

(include city, state, & zip) Dover, NC 28526

Treasurer Phone: 252-268-0657

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 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.

02/28/2014
02/29/2014
Date Signed

Mark W Griffin
Signature

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

MAR 10 2014

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North Carolina
State Board of Elections

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Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

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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: Mark W. Griffin

Treasurer Name: Mark W. Griffin

Treasurer Address: 465 Daugherty Rd

(include city, state, & zip) Dover, NC 28526

Treasurer Phone: 252-268-0657

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).

02/28/2014
Date Signed

Mark W. Griffin
Signature of Candidate

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

MAR 10 2014

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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
Fax: (919) 715-8047

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Mark W Griffin

Committee Name: Citizens to Elect Mark Griffin

Treasurer Name: Mark W Griffin

If Candidate is own treasurer, designate an agent to carry out designations: Jacquelyn Griffin

Committee ID #: 9CDZ67

Level Registered: [State] [County] If county, specify: Craven

I, Mark W Griffin
(Name of Candidate)

hereby direct that in the event of my

death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Cove City Rescue Squad</u>	<u>50%</u>
2. <u>Ft. Barnwell Rescue Squad</u>	<u>50%</u>
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: _____

Date: _____

02/28/2014

MAR 10 2014

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

COPY



CANDIDATE
NORTH CAROLINA STATE ETHICS COMMISSION
2014 STATEMENT OF ECONOMIC INTEREST
 919-715-2071 www.ethicscommission.nc.gov

FOR OFFICE USE ONLY

Due by: MAR 10 2014

FILER'S NAME (FIRST, MIDDLE, LAST)				
First Name	Middle Name	Last Name	Suffix	
Mark	Wesley	Griffin		
MAILING ADDRESS, CITY, STATE, ZIP+4 ¹				
Address		City	State	Zip
465 Daugherty Rd		Dover	NC	28526
HOME ADDRESS, CITY, STATE, ZIP+4				
<input checked="" type="checkbox"/> Same as Mailing Address				
Address		City	State	Zip
CURRENT EMPLOYER			JOB TITLE	
US Department of Navy			Dental Lab Technician	
NATURE OR TYPE OF BUSINESS				
Dental Manufacturing				
DAYTIME PHONE NUMBER			ALTERNATE PHONE NUMBER	
252-268-0657				
E-MAIL ADDRESS				
Electmarkgriffin@gmail.com				
REASON FOR FILING (SELECT ALL THAT APPLY)				
<input type="checkbox"/> STATE GOVERNMENT JOB (Please specify the agency for which you work or are being considered)			<input type="checkbox"/> BOARD/COMMISSION (Please list all boards on which you are serving or are being considered)	
<input checked="" type="checkbox"/> JUDICIAL OFFICER (Please specify the office you hold)			<input type="checkbox"/> LEGISLATOR (Please specify the legislative branch - House or Senate)	
Clerk of Court, candidate				
Do other immediate family members reside in your household? ²				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
FULL NAME ³	RELATIONSHIP	EMPLOYER	JOB TITLE	NATURE OF BUSINESS
Jacquelyn L. Griffin	Spouse	Pro 356 Electrical	Accountant	Commercial Electric Installation

¹ With the exception of judicial officers (including Justices or judges of the General Court of Justice, district attorneys, and clerks of court), persons holding or seeking office with a residency requirement must provide a home address.

² Immediate family includes your spouse (unless legally separated), minor children, and members of your extended family (your and your spouse's adult children, grandchildren, parents, grandparents, and siblings, and the spouses of each of those persons) that reside in your household.

³ Filers may use the initials of unemancipated children instead of those children's names. If initials are used, the children's names should be provided on a (non-public) supplemental form available from the Commission upon request.

This entire document and any attachments are public record.

MAR 10 2014

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I. \$10,000 PLUS DISCLOSURES

If you, your spouse, or members of your immediate family have assets or liabilities with a market value of at least \$10,000 in the following categories, please provide the requested information as of December 31st of the preceding year unless another time period is specified in the question.

- ▶ Do not list the value of those assets or liabilities.
- ▶ Do not list assets or liabilities held in a blind trust⁴ established by or for the benefit of you or an immediate family member.

1. Do you, your spouse, or members of your immediate family have an ownership interest in any real estate located in North Carolina with a market value of \$10,000 or more?

▶ This may include your home/residence.

Yes No

Owner of Real Estate	% Ownership Interest	Location by City	Location by County
Mark Griffin	100%	Dover	Craven
Mark Griffin	100%	Emerald Isle	Carteret
Mark & Jacquelyn Griffin	100%	Aurora	Beaufort

2. Do you, your spouse, or members of your immediate family lease or rent to or from the State real estate with a market value of \$10,000 or more?

Yes No

Name of Lessor	Name of Lessee (Renter)	Location by City	Location by County

3. Within the preceding two years, have you, your spouse, or members of your immediate family sold to or bought from the State personal property with a market value of \$10,000 or more?

Yes No

Name of Purchaser	Name of Seller	Type of Property

4. Do you, your spouse, or members of your immediate family currently lease or rent to or from the State personal property with a market value of \$10,000 or more?

Yes No

Name of Lessor	Name of Lessee (Renter)	Type of Property

⁴ A "blind trust" is a trust that meets all of the following criteria: (a) the owner of the trust's assets has no knowledge of the trust's holdings and sources of income, (b) the individual or entity managing the trust's assets ("the trustee") is not a member of the covered person's extended family and is not associated with or employed by the covered person or his or her immediate family, and (c) the trustee has sole discretion to manage the trust's assets. G.S. 138A-3(1).

This entire document and any attachments are public record.

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5(a). Do you, your spouse, or members of your immediate family own interests (generally stock) valued at \$10,000 or more in a publicly owned company?

Yes No

▶ Do not list ownership interests in a widely held investment fund (including mutual funds, regulated investment companies, or pension or deferred compensation plans) if (i) the fund is publicly traded or its assets are widely diversified and (ii) neither you nor an immediate family member are able to control the assets held in the mutual fund, investment company, or pension or deferred compensation plan.

Owner of Interest	Full Name of Company (Do not use a ticker symbol)

5(b). Do you, your spouse, or members of your immediate family hold stock options valued at \$10,000 or more in a company or business?

Yes No

Owner of Stock Option	Full Name of Company (Do not use a ticker symbol)

6(a). Do you, your spouse, or members of your immediate family have financial interests valued at \$10,000 or more in a non-publicly owned company or business entity (including interests in sole proprietorships, partnerships, limited partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations)?

Yes No - If "No", proceed to question 7.

Owner of Interest	Name of Business Entity
Mark Griffin	Quality Dental Lab LLC

6(b). For each of those non-publicly owned companies or business entities identified in question 6(a) (the "primary company"), please list the name of any other companies in which the primary company owns securities or equity interests valued at over \$10,000, if known.

Non-Publicly Owned Company (the Primary Company)	Other Companies in which the Primary Company Owns Security or Equity Interests
<input checked="" type="checkbox"/> None or Not Known	

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6(c). If you know that any company or business entity listed in 6(a) or (b) above has any material business dealings or business contracts with the State, or is regulated by the State, provide a brief description of that business activity.

Name of Company or Business Entity	Description of Business Activity with the State
<input checked="" type="checkbox"/> None or Not Known	

7. Are you, your spouse, or members of your immediate family the beneficiaries of a vested trust with a value of \$10,000 or more that is created, established, or controlled by you?

Yes No

▶ Do not list blind trusts¹.

Name and Address of Trustee	Description of the Trust	Your Relationship to the Trust

8. Do you, your spouse, or members of your immediate family have a liability (debt) of \$10,000 or more, excluding indebtedness (mortgage) on your primary personal residence? Examples include credit card debts, auto loans, and student loans.

Yes No

Name of Debtor (You, Spouse, Immediate Family Member)	Type of Creditor (Commercial Bank, Credit Union, Individual, etc.)

II. OTHER DISCLOSURES

9(a). During the preceding calendar year, were you, your spouse or members of your immediate family a director, officer, governing board member, employee, independent contractor, or registered lobbyist of a nonprofit corporation or organization operating in the State primarily for religious, charitable, scientific, literary, public health and safety, or educational purposes?

Yes No - If "No", proceed to question 10.

▶ Do not list State boards or entities, or entities created by a political subdivision of the State.
▶ Do not list organizations of which you are a mere member or subscriber.

Name of Person	His/Her Position	Name of Nonprofit Corporation or Organization	Nature of Business or Purpose of Organization

This entire document and any attachments are public record.

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9(b). If the listed nonprofit corporations or organizations do business with the State or receive State funds, please provide a brief description of the nature of that business, if known, or with which due diligence could reasonably be known.

Name of Nonprofit Corporation or Organization	Describe State Business or State Funding
<input checked="" type="checkbox"/> None or Not Known	

10. List each source of income (not specific amounts) of more than \$5,000 received by you, your spouse, or members of your immediate family during the preceding calendar year. Include salary, wages, state/local government retirement, professional fees, honoraria, interest, dividends, rental income, business income, and other types of income required to be reported on your federal tax return.

- Do not include income received from the following sources:
- ▶ Capital gains
 - ▶ Federal government retirement
 - ▶ Military retirement
 - ▶ Social security income/SSDI

Recipient of Income	Name of Source	Type of Business/Industry	Type of Income
<input type="checkbox"/> I had no reportable income over \$5,000 in the preceding calendar year.			
Mark W Griffin	US Navy / DOD	Dental Lab	Salary
Jacquelyn L Griffin	Pro 356 Elec.	Accounting	Salary

11. Are you a practicing attorney?

Yes No Judicial Officer/State Attorney

If "Yes", check each category of legal representation in which you or the law firm with which you are associated has earned legal fees of \$10,000 or more during the preceding calendar year.

<input type="checkbox"/> Administrative	<input type="checkbox"/> Admiralty	<input type="checkbox"/> Corporate	<input type="checkbox"/> Criminal
<input type="checkbox"/> Decedent's Estates	<input type="checkbox"/> Environmental	<input type="checkbox"/> Insurance	<input type="checkbox"/> Labor
<input type="checkbox"/> Local Government	<input type="checkbox"/> Real Property	<input type="checkbox"/> Securities	<input type="checkbox"/> Tax
<input type="checkbox"/> Tort litigation (including negligence)	<input type="checkbox"/> Utilities Regulation	<input type="checkbox"/> Other category not listed or did not earn legal fees of \$10,000 or more during the preceding calendar year	

12. Are you (1) a licensed professional (other than an attorney) or do you provide consulting services individually or as a member of a professional association **and** (2) did you charge or were you paid over \$10,000 for those services during the preceding calendar year?

Yes No

Type of Business	Nature of Services Rendered

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13. Are you or your employer, your spouse or members of your immediate family, or their employer:

- Licensed by the State board or employing entity with which you are or will be associated **or**
- Regulated by the State board or employing entity with which you are or will be associated **or**
- Have a business relationship with the State board or employing entity with which you are or will be associated?

Yes No Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or a judicial officer ("judicial officer" is defined in footnote 1) or you are filing as an appointee to those offices.

Name of Person	Name of Employer (if applicable)	Type of Relationship (Licensing, Regulatory, Business)

14. During the preceding calendar year, were you, your spouse, or members of your immediate family a director, officer, or governing board member of any society, organization, or advocacy group which has an interest pertaining to subject matter areas over which your agency or board may have jurisdiction?

Yes No Legislator/Judicial Officer - You are not required to complete this question if you are filing because you are a legislator or a judicial officer or you are filing as an appointee to those offices.

▶ Do not list organizations of which you are only a member (not a leadership role).

Name of Person	Name of Society, Organization or Advocacy Group	Leadership Position (Director, Officer, Board Member)

15. Have you ever been convicted of a felony for which you have not received either (i) a pardon of innocence or (ii) an order of expungement regarding that conviction?

Yes No

Offense	Date of Conviction	County of Conviction	State of Conviction

16. During any calendar quarter in the preceding year (but only the time period after you were appointed, employed or filed or were nominated as a candidate), did you

- receive any gift(s) exceeding \$200 per quarter from a person or group of persons acting together, **and**
- when both you and those person(s) were outside North Carolina at the time you accepted the gift(s), **and**
- the gift(s) were given under circumstances that would lead a reasonable person to conclude that they were given for lobbying?

Yes No

- ▶ Do not report gifts given by members of your extended family.
- ▶ Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the "Expense Report for Exempted Persons."

Date Item Received	Name and Address of Donor(s)	Describe Item Received	Estimated Market Value

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17. During the preceding year (but only the time period after you were appointed, employed, or filed or were nominated as a candidate) have you

- accepted a "scholarship" exceeding \$200 from a person or group of persons acting together **and**
- those person(s) were outside North Carolina **and**
- the scholarship was related to your public position? **A "scholarship" is a grant-in-aid to attend a conference, meeting, or similar event.**

Yes No Judicial Officer - You are not required to complete this question if you are a judicial officer or you are filing as a judicial officer appointee.

► Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the "Expense Report for Exempted Persons."
 ► Legislators are not required to report scholarships paid by a nonpartisan legislative organization of which the legislator or the General Assembly is a member or participant or an affiliate of that organization.

Date of Scholarship	Name and Address of Donor(s)	Describe Event	Estimated Market Value

18. Are you or a member of your immediate family currently registered as a lobbyist or lobbyist principal or were you registered as such within the preceding 12 months?

Yes No

Name of Lobbyist	Lobbyist's Principal	Date of Registration	Registration Expiration

19(a). List the name of each business with which you are associated where you or a member of your immediate family is an employee, director, officer, partner, proprietor, or member or manager.

Name of Person	Relationship to Filer	Name of Company	Role of Person
<input type="checkbox"/> No Business Associations - If "No Business Associations", proceed to question 20.			
Jacquelyn L Griffin	Spouse	Pro 356 Electrical	Accountant
Mark W Griffin	Self	Quality Dental Lab LLC	Owner/manager

19(b). If you know that any company or business entity listed in 19(a) above has any material business dealings or business contracts with the State, or is regulated by the State, provide a brief description of that business activity.

Name of Company or Business Entity	Description of Business Activity with the State
<input type="checkbox"/> Not applicable (No entities listed on #19a) <input checked="" type="checkbox"/> No relationship / Not known	

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20. Were you appointed to, or are you being considered for, an appointment to a covered board by the **Governor** or another Council of State member?

Council of State members are:

- ▶ Governor
- ▶ Lt. Governor
- ▶ Secretary of State
- ▶ State Auditor
- ▶ State Treasurer
- ▶ Superintendent of Public Instruction
- ▶ Attorney General
- ▶ Commissioner of Agriculture
- ▶ Commissioner of Labor
- ▶ Commissioner of Insurance

Yes No

If "Yes", list all contributions you (not immediate family members) made during the preceding calendar year with a cumulative total of more than \$1,000 to the Council of State member who appointed you.

▶ Contributions are defined in N.C.G.S. 163-278.6(6) and include, but are not limited to, "any advance, conveyance, deposit, distribution, transfer of funds, loan, payment, gift, pledge or subscription of money or anything of value whatsoever."

Date	Amount	Contributed to
<input type="checkbox"/> No contribution(s) with a cumulative total of more than \$1,000		

21. Are you now, or are you a prospective appointee to:

<p>a. the head of a principal state department (e.g. cabinet secretary) appointed by the Governor; or</p> <p>b. a North Carolina Supreme Court Justice, Court of Appeals, Superior or District Court Judge; or</p> <p>c. a member of any of the following boards:</p> <ul style="list-style-type: none"> • ABC Commission • Coastal Resources Commission • State Board of Education • State Board of Elections • Division of Employment Security • Environmental Management Commission • Industrial Commission • Human Resources Commission • Rules Review Commission • Board of Transportation • UNC Board of Governors • Utilities Commission • Wildlife Resources Commission 	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "No", proceed to question 22.</p>
<p>d. If so, were you appointed to, or are you being considered for, appointment to your public position by a Council of State Member (Governor, Lt. Governor, Secretary of State, State Auditor, State Treasurer, Superintendent of Public Instruction, Attorney General, Commissioner of Agriculture, Commissioner of Labor, or Commissioner of Insurance)?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "No", proceed to question 22.</p>
<p>e. If so, you must indicate whether during the preceding calendar year you (not immediate family members) engaged in any of the following activities with respect to or on behalf of the candidate or campaign committee of the Council of State member who appointed you to your public position:</p> <p>i. Collected contributions from multiple contributors, took possession of such multiple contributions, and transferred or delivered those collected contributions to the candidate or committee? Contributions are defined in N.C.G.S. 163-278.6(6) and include, but are not limited to, "any advance, conveyance, deposit, distribution, transfer of funds, loan, payment, gift, pledge or subscription of money or anything of value whatsoever."</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>ii. Hosted a fundraiser at your residence or place of business?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>iii. Volunteered for campaign-related activities, which include, but are not limited to, phone banks, event assistance, mailings, canvassing, surveying, or any other activity that advances the campaign of a candidate?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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MAR 10 2014

22. Are you aware of any other information that you believe may assist the State Ethics Commission in advising you concerning your compliance with the State Government Ethics Act?

Yes No

AFFIRMATION

I affirm that the information provided in this Statement of Economic Interest and any attachments hereto are true, complete, and accurate to the best of my knowledge and belief.

I also certify that I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.

I understand that my Statement of Economic Interest and any attachments or supplements thereto are public record.

I acknowledge that I have read and understand N.C.G.S. 138A-26 regarding concealing or failing to disclose material information and N.C.G.S. 138A-27 regarding providing false information:

§ 138A-26. Concealing or failing to disclose material information.

A filing person who knowingly conceals or knowingly fails to disclose information that is required to be disclosed on a statement of economic interest under this Article shall be guilty of a Class 1 misdemeanor and shall be subject to disciplinary action under G.S. 138A-45.

§ 138A-27. Penalty for false information.

A filing person who provides false information on a statement of economic interest as required under this Article knowing that the information is false is guilty of a Class H felony and shall be subject to disciplinary action under G.S. 138A-45.

I Agree

Mark W Griffin

Printed Name

****Notarization is no longer required****

Mark W Griffin

Signature

02/28/2014

Date

Submit SIGNED, ORIGINAL documents. You must file this form at the same place you file your notice of candidacy. DO NOT file this form with the State Ethics Commission.

This entire document and any attachments are public record.

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