# CHECKLIST FOR FELONY COMPLAINT AGAINST LOCAL HEALTH DIRECTOR, IN ORDER OF PAGES SUBMITTED

- 1. <u>COVER LETTER</u>: Update the letter to show your county information and corrected date. A minimum of two people should print, sign, date and include a phone number.
  - 2. <u>AFFIDAVIT</u>: Affidavit <u>MUST be notarized</u>, minimum of 2 should be submitted with the complaint. Write (print) in the county at the top, write or type the name of defendant (your local health director), write or type the name of Affiant, fill in the number of pages once all pages are ready to be submitted.
- 3. <u>SIGNED AGREEMENTS</u>: You should have BOTH copies of the signed Agreements. Most have the 1st version signed in early August with the second version signed the last week of August. The 1st version has a minimum of 5 pages but should have 9 if it includes the 4 pages showing the amount available to each county and includes the page with 4 DPH employee signatures. The 2nd version is 3 pages.
- 4. NC GS 14-228: Copy of the NC General Statute 14-228: Buying and selling offices
- 5. <u>SIGNATURE SHEET:</u> This sheet is for <u>YOUR RECORDS</u> so do not leave it with the complaint. If possible, get a name and signature from the individual that you give the paperwork to. They might refuse to sign, but you can write in the information and notate "refused signature".
- 6. <u>COURAGE</u>: This is the most important part! What you are doing is your civic duty; to report possible criminal activity. You may encounter people in the offices you go to that try to discourage you or even intimidate you, but do let that deter you. They do not like people that hold them accountable so do not expect them to be happy about this complaint being submitted. We will remain calm but firm, and stand up for our rights before they are all gone.

| 10:                | <b> County: Snerm, District Attorney, Clerk of Court, and</b> |
|--------------------|---------------------------------------------------------------|
| NC State Bureau    | u of Investigation                                            |
| cc:                | County Board of Commissioners                                 |
| RE: Violation of   | NC General Statute 14-228                                     |
| Date:              | <del></del>                                                   |
| To those receiving | this criminal complaint,                                      |

This complaint is being submitted to multiple areas of law enforcement and the judicial system to ensure that it will be seen by all those with the authority to investigate what appears to be a violation of NC GS 14-228, Buying and selling offices, which is fully explained in the included notarized affidavits. The signed Agreements included show the local health director's signature along with four signatures of the NC Dept of Public Health employees.

We are requesting a full investigation into this situation as we have had the information and documents reviewed by multiple NC attorneys which were all in agreement that it appears a felony has been committed by the local health director agreeing to abdicate/sell their authority to the state and federal HHS Secretaries in regards to making decisions at the local level on handling Covid-19, which is "deputation of office, part or parcel thereof" for the benefit of \$115,000 being made available to the budget of the county heath dept. (or \$115,00 per county if in a district) for which the health director manages and is required to report to the BOH. When government grant money is awarded, it is to fund a specified project/goal and the recipient does not agree to give the grantor their authority, which is what has transpired and therefore this document became a bill of sale for decisional authority on Covid-19 at the county level. In order for the job duties and the authority for the office of a local health director to be altered, it would require at minimum, an official act/vote by the BOH and cannot be altered by the health director themselves agreeing to a contract with a separate agency.

In addition to the expectation of a thorough and prompt investigation, (with the constant updating of "guidance" & "directives" issued by HHS, this is time sensitive) we are also requesting that this be considered immediately for being presented to a grand jury for a true bill of indictment, before any further guidance, directives or mandates are issued at the state and/or federal level that adversely affects every resident in the county and state.

Depending upon the specific locations and employment arrangements, it should also be noted that any school staff issuing quarantines, should be considered as a violation of NC GS 14-277(e) which is impersonation of a public officer (only the local or state health director has the legal authority to issue a quarantine or isolation orders), and that any nurses telling children that they "have Covid-19" (instead of stating they tested positive which is only a diagnostic tool) is a form of issuing a diagnosis and that can only be done by a licensed MD, DO, NP, or PA, which equates to practicing medicine without a license. Currently many schools are providing Covid-19 testing without a doctor present to issue a diagnosis after a clinical evaluation, which leaves unsupervised nurses using a diagnostic tool, but they cannot legally issue a diagnosis. Both possible misdemeanors were also put in place by the same local health director that we now know agreed to comply with any and all Covid-19 guidance regardless of anything at the local level.

| As residents of County and North Carolina we appreciate your efforts in investigating these possible violations of NC laws in an effort to protect the pub and uphold law & order as prescribed in NC General Statues. We look forward to hearing any progress, updates and/or decisions made in this matter. Please be prepared to issue a public statement in the event there is a refusal to act on this complaint. This complaint is in the proce of being submitted in multiple counties in North Carolina and in multiple SBI locations, as the SBI does have the jurisdiction to investigate both parties involved in this transaction regardles of location. |                   |                |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|--|--|--|
| Sincerely,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                |  |  |  |
| (Print name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Signature, date) | (Phone number) |  |  |  |
| (Print name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Signature date)  | (Phone number) |  |  |  |

| STATE OF NORTH CAROLINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | File No. (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
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| County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Scan No. (Official Use Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
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| contained in this affidavit may subject you to prosecution for the felony of per<br>under oath. False statements or the unauthorized disclosure of information p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | courts, include the file number and county in which the case is pending above<br>roath that its contents are true and accurate. Any false statement or information<br>jury, N.C.G.S. 14-209, or under other statutes that prohibit false statements<br>rotected by law from disclosure also might subject you to civil liability to any<br>ublic as provided in the North Carolina Public Records Act, N.C.G.S. Chapter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| STATE VERSUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Name Of Defendant (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Name Of Affiant (type or print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AFFIDAVIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Agency (if law enforcement officer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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| record wherein justice is administered; or if any person shall give or agreement, bond or assurance for any of such offices, or for the dep offending in any of the cases aforesaid shall be guilty of a Class I for The included documents are copies of the DPH Agreement Addendrand therefore the contractual agreement of the Defendant. In this do comply, assist and enforce any current and future directives & guida control of the spread of covid-19 with complete disregard for the imdirector. The defendant did benefit by signing the Agreement while which originated in the American Rescue Plan of 2021. The defendant the highest authority of public health at the local level (deputation orights, due process, NC General Statues and any impact to the local sole purpose that public health issues must be analyzed, considered, The Agreement also includes the requirement for the defendant to u orders related to quarantine & isolation regardless of violations of c deputation of office, any parcel or parcel thereof, and does involve authority of the office in relation to handling covid-19 for their designed to the county HD budget and therefore shall be quilty of a Classical form additional pages are needed, use form AOC-CR-158A (Affidavit County HD budget and therefore shall be quilty of a Classical form additional pages are needed, use form AOC-CR-158A (Affidavit County HD budget and the form AOC-CR-158 | utation of any of them, or for any part of them, the person so lony.  Imm (361 ELC Reopening Schools SH Liaison) showing the signature cument under Section VI, 3.(a)(c) (e), the Defendant has agreed to unce issued by state and federal HHS Secretaries relating to the spact at the local level, which is their responsibility as a local health the budget they manage gained \$115,000 per county from NCDHHS, and has agreed to relinquish their authority and capacity to operate as f office), to the state and federal HHS Secretaries regardless of civil area. There are over 2,800 local health departments in the US for the and decisions implemented specific for the established local area. See their office & authority to assist with enforcement of any federal ivil rights, due process or the impact at the local level. It is clearly disbursement of public revenue, that the defendant has relinquished gnated area, to the state and federal levels, in return for \$115,000 area. |  |
| another person for an Affiant who understands English but cannot read, do no<br>but read the Affidavit completely to the Affiant before administering the oath/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>_</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| language, record the oath/affirmation only on the English version, and swear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the translator to the Affidavit on Side Two of the last page.    Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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| ☐ Notary Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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| □ Deputy CSC     □ Assistant CSC     □ Clerk Of Superior Court     □ Magistrate       □ Superior Court Judge     □ District Court Judge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

AOC-CR-158, New 12/17 © 2017 Administrative Office of the Courts

| STATE OF NORTH CAROLINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | File No. (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
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| County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Scan No. (Official Use Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
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| North Carolina. If this Affidavit is provided in a case already pending in the and the name of the defendant below. An affidavit is a statement given und contained in this affidavit may subject you to prosecution for the felony of punder oath. False statements or the unauthorized disclosure of information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | potary or other public official authorized by law to administer an oath in a courts, include the file number and county in which the case is pending above file oath that its contents are true and accurate. Any false statement or information erjury, N.C.G.S. 14-209, or under other statutes that prohibit false statements protected by law from disclosure also might subject you to civil liability to any public as provided in the North Carolina Public Records Act, N.C.G.S. Chapter tatements with "confidential," privileged," or any similar terms. |  |
| STATE VERSUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
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| and the contract of the contra | FIDAVIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
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| another person for an Affiant who understands English but cannot read, do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | not swear the scribe to the Affidavit. Only the Affiant is to be swom to the Affidavit,<br>/affirmation. For an Affidavit translated into English from a statement in another                                                                                                                                                                                                                                                                                                                                                                                      |  |
| SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
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| Notary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
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| Deputy CSC Assistant CSC Clerk Of Superior Court Magistrate Superior Court Judge District Court Judge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

# \*\*\*AFTER THE NOTARIZED AFFIDAVITS, (MINIMUM OF 2) YOU WANT TO HAVE BOTH COPIES OF THE SIGNED AGREEMENTS.\*\*\*

AT THE TOP IT WILL HAVE:

### Division of Public Health Agreement Addendum FY 21-22

On upper left side it will have this:

361 ELC Reopening Schools SH Liaison

**Activity Number and Description** 

\*\*EACH HEALTH DEPT RECEIVED 2 VERSIONS; ONE AROUND THE 5TH
OF AUGUST AND ONE AROUND THE 25TH OF AUGUST\*\*

SOME COUNTIES ARE ONLY SENDING 1 COPY (THE 1<sup>ST</sup>) AND ASSUMING YOU DO NOT KNOW THERE IS A SECOND.

#### Article 31.

#### Misconduct in Public Office.

#### § 14-228. Buying and selling offices.

If any person shall bargain away or sell an office or deputation of an office, or any part or parcel thereof, or shall take money, reward or other profit, directly or indirectly, or shall take any promise, covenant, bond or assurance for money, reward or other profit, for an office or the deputation of an office, or any part thereof, which office, or any part thereof, shall touch or concern the administration or execution of justice, or the receipt, collection, control or disbursement of the public revenue, or shall concern or touch any clerkship in any court of record wherein justice is administered; or if any person shall give or pay money, reward or other profit, or shall make any promise, agreement, bond or assurance for any of such offices, or for the deputation of any of them, or for any part of them, the person so offending in any of the cases aforesaid shall be guilty of a Class I felony. (5, 6 Edw. VI, c. 16, ss. 1, 5; R.C., c. 34, s. 33; Code, s. 998; Rev., s. 3571; C.S., s. 4382; 1993, c. 539, s. 1213; 1994, Ex. Sess., c. 24, s. 14(c).)

G.S. 14-228 Page 1

## SIGNATURE SHEET FOR COMPLAINT SUBMISSION

| <b>COUNTY:</b> |  |
|----------------|--|
|                |  |

| RECIPIENT OF COMPLAINT:       |                   |  |
|-------------------------------|-------------------|--|
| COUNTY SHERIFF'S OFFICE:      |                   |  |
| (print name, job title)       | (signature, date) |  |
| DISTRICT ATTORNEY'S OFFICE:   |                   |  |
| (print name, job title)       | (signature, date) |  |
| COUNTY MANAGER'S OFFICE:      |                   |  |
| (print name, job title)       | (signature, date) |  |
| CLERK OF COURT:               |                   |  |
| (print name, job title)       | (signature, date) |  |
| PERSONS SUBMITTING COMPLAINT: |                   |  |
| (print name)                  | (signature, date) |  |
| (print name)                  | (signature, date) |  |