

 **NOTICE OF CANDIDACY (Non-PARTISAN)** 2009 Special Election
Ballot Year (Municipal/County)

For the office of: SURF CITY - COUNCILMEN

Date: 07/06/2009 Candidate ID: 081AUM

I hereby file notice as a candidate for election to the office of SURF CITY - COUNCILMEN in the Municipal Election to be held on 11/03/2009 in PENDER County.

I request that my name appear on the ballot as follows:

DOUG MEDLIN
 Please print or type name above
9077 NINTH ST SURF CITY, NC 28445
 Residential Address: (Street, City, Zip)
PO BOX 2071 SURF CITY, NC 28445
 Mailing Address if different (P.O., City, Zip)

Home: (910) 328 - 5330 Cell: (910) 358 - 4997 Business: (910) 328 - 1887

Check "YES" or "NO" I swear to the following to be true, correct, and complete to the best of my knowledge or belief.

Have you ever been convicted of a felony? (Felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.)

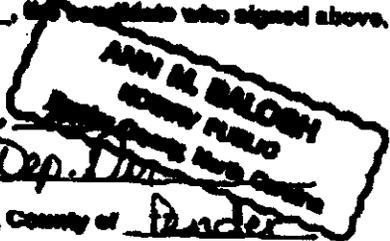
If you have been convicted of a felony, you are required to complete the "Candidate Felony Disclosure" form within 48 hours of submitting this notice. GS § 163-168.

Signature of Candidate (legal name) *Douglas Medlin*
 Certification of Notice of Candidacy

I hereby certify that DOUG MEDLIN the candidate who signed above, personally appeared before me this day and signed in my presence.

Sworn and subscribed before me this 6 day of July

Title and signature of certifying Officer: Ann M. Balogh, Dep. Dir.
 My commission expires: Feb 23, 2011 State of North Carolina, County of Pender



Verification by County Board of Elections

The undersigned has examined the voter registration records in Onslow County and found DOUGLAS MEDLIN to be a registered voter in the municipality/county of Onslow / Surf City.

County Chairman, Secretary or Director: *Rae Whitcomb* 7-6-09
 Signature and Date

The Notice of Candidacy must be signed in the presence of the chairman, secretary or director of the Board of Elections with which notice is filed or a candidate may have his/her signature on the Notice of Candidacy acknowledged and certified to by any officer authorized to administer an oath. (See NCSS § 163-204.2.) In signing his/her notice of candidacy the candidate may use a nickname provided the candidate complies with the requirement specified in GS § 163-168 and GS § 163-223(a).

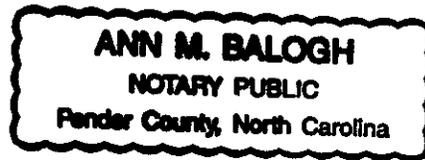
Affidavit Attesting to Nickname
(NCGS § 163-106(a))

I, DOUGLAS MEDLIN (Legal name) have been duly sworn, hereby state under oath that I have been commonly known by the nickname, DOUG, for at least five years and request that my name be placed on the ballot as follows: DOUG MEDLIN
(Name to appear on ballot)

In the event that another candidate with the same last name as mine files notice of candidacy for the same office for which I am a candidate, my name should be listed on the ballot as follows:

Douglas Medlin
(Legal name and nickname)

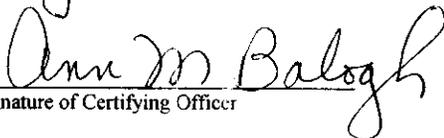

(Signature - legal name)



I hereby certify that Doug Medlin, the candidate who signed above, personally signed in my presence.

Sworn to and subscribed before me this 6 day of July, 2009.

Deputy Director
Title of Certifying Officer


Signature of Certifying Officer

My commission expires: 2/23/2011

Statement of Organization - Candidate Committee

Amendment

Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

Committee Information	
a. Full Name Douglas Charles Medlin	c. ID Number
b. Mailing Address (include City, State and Zip Code) P.O. Box 2071 SURF City, N.C. 28445	d. Date Organized 7/6/2009
	e. Phone Number 910-358-4907

Individual Information		
a. Full Name Douglas Charles Medlin	c. Candidate ID Number	d. Party Affiliation
b. Mailing Address (include City, State, and Zip Code) P.O. Box 2071 SURF City, N.C. 28445	e. Office Sought COUNCILMAN OF SURF CITY	f. Jurisdiction SURF CITY
	(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	

Individual Information		Individual Information	
a. Full Name Boyce Kay	a. Full Name		
b. Mailing Address (include City, State, and Zip Code) P.O. Box 2835 SURF City, N.C. 28445	b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number 378-1514	d. Email Address	c. Phone Number	d. Email Address

Financial Institution Information		Financial Institution Information	
a. Full Name	a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
c. Phone Number	d. Email Address	c. Account Code	d. Type

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

Douglas Medlin Printed Name of Signer
 Doug Medlin Signature of Appointed Treasurer
 07/06/2009 Date



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification of Treasurer

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

FILED BY:

Candidate Name: Douglas Medlin
 Treasurer Name: Boyce Kay
 Treasurer Address: P.O. Box 2835
 (include city, state, & zip) Surf City, NC 28445

 Treasurer Phone: 910-328-1514

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).

07/06/09
 Date Signed

Douglas Medlin
 Signature of Candidate

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



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Certification of Threshold

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

FILED BY:

Committee Name: Douglas Medlin

Treasurer Name: Boyce Kay

Treasurer Address: PO. Box 2835

(include city, state, & zip) Surf City, NC. 28445

Treasurer Phone: 910-328-1514

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

07/06/09
 Date Signed

[Signature]
 Signature

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



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Confidential

Certification of Financial Account Information

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

FILED BY:

Committee Name: Douglas Medlin
Treasurer Name: Boyer Kay
Treasurer Address: P.O. Box 2835
(include city, state, & zip) S & R F C, Fy, N.C. 28445
Treasurer Phone: 910-328-1514

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

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

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	Bachoff America	200 Raleigh Ave Suffolk, NC 28689		DM

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

Date Signed _____ Signature of Candidate or Treasurer Boyer Kay

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

Date Signed _____ Signature of Candidate or Treasurer _____



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Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: THE MEDIAN FOR CITY TOWN COUNCIL
 Treasurer Name: BOYCE C. KAY
 Treasurer Address: P.O. Box 2832
 (include city, state, & zip) SURF CITY, NC. 28542

 Treasurer Phone: 1-910-328-1514

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

11-30-09
 Date Signed

Boyce C. Kay
 Signature

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

DEC 01 2009