



NOTICE OF CANDIDACY (Non- PARTISAN)

2013

Election Year

Municipal/County

Election

For the office of: SURF CITY COUNCILMAN

Date: 07/05/2013

Candidate ID: 7HL169

I hereby file notice as a candidate for election to the office of SURF CITY COUNCILMAN in the Election to be held on 11/05/2013 in PENDER County.

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

Doug C. Medlin

Please print or type name above

9077 W. 9TH STREET, SURF CITY, NC 28445

Residential Address: (Street, City, ZIP)

PO BOX 2071, SURF CITY, NC 28445

Mailing Address if different (POB, City, Zip)

Home: (910) 328 - 5550 Cell: (910) 358 - 4907 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.

YES NO

[X] 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 § 163-106

Signature of Candidate (legal name)

[Handwritten Signature]

Certification of Notice of Candidacy

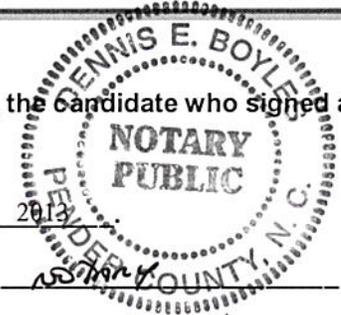
I hereby certify that Doug C. Medlin, the candidate who signed above, personally appeared before me this day and signed in my presence.

Sworn and subscribed before me this 5th day of July, 2013

Title and signature of certifying Officer:

[Handwritten Signature]

My commission expires: 3/31/2015 State of North Carolina, County of Pender



Verification by County Board of Elections

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

County Chairman, Secretary or Director:

Signature and date

The Notice of Candidacy must be signed in the presence of the chairman, secretary or director of the Board of Elections with which he/she files or a candidate may have his/her signature on the Notice of Candidacy acknowledged and certified to by any officer authorized to administer an oath. (See NCGS § 163-294.2.) In signing his/her notice of candidacy the candidate may use a nickname provided the candidate complies with the requirement specified in GS § 163-106 and GS § 163-323(a).

Information about the powers, duties, and responsibilities of city and county elective offices in North Carolina is available from the School of Government of the University of North Carolina at Chapel Hill at www.sog.unc.edu/programs/cceo. The School of Government provides training, research, and consultation for state and local government officials and citizens.

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

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

Douglas Medlin
(Signature - legal name)



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

Sworn to and subscribed before me this 5TH day of July, 2013.

Notary
Title of Certifying Officer

Dennis E. Boyles
Signature of Certifying Officer

My commission expires: 3/31/2015

Disclosure Report Cover

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

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information				
a. Full Name <i>Douglas C. Medlin</i>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 2070 Surf City, NC 28445</i>			d. Date Filed <i>7/5/2013</i>	
			e. Phone Number <i>910-354-4907</i>	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
<i>2013</i>	<i>7/5/2013</i>	<i>7/5/2013</i>	<i>Bayce Kay</i>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report _____		10. Special Report Name _____		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <i>BANK OF AMERICA</i>		a. Financial Institution Full Name		
b. Purpose <i>CAMPAIGN</i>	c. Account Code	b. Purpose	c. Account Code	
	d. Period Begin Balance <i>\$ 100.00</i>		d. Period Begin Balance \$	
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 and that I have been trained by the NC State Board of Elections.				
<i>Douglas C Medlin</i>		<i>[Signature]</i>		<i>7/5/2013</i>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received: _____	Employee: _____	Delivery Method		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail		
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail		
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered		
		<input type="checkbox"/> Electronically Filed		
		<input type="checkbox"/> Signer has not received mandatory training		
<p>Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>				

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 (when amending, only re-submit if applicable).

1. Committee Information			
a. Full Name <i>Douglas C. Medlin</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 2071 SURF CITY, NC. 28445</i>		d. Date Organized <i>7/5/2013</i>	e. Phone Number <i>910-328-4901</i>
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name <i>Douglas C. Medlin</i>		e. Candidate ID Number	f. Party Affiliation <i>Democrat</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>P.O. Box 2071 SURF CITY, NC. 28445</i>		g. Office Sought	
c. Phone Number <i>910-328-4901</i>	d. Email Address <i>DougMedlin@HOTMAIL.COM</i>	h. Next Election Year <i>2013</i>	i. Jurisdiction <i>Pender</i>
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name <i>Boyce Kay</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>P.O. Box 2853 SURF CITY, NC. 28445</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>910-328-1514</i>	d. Email Address	c. Phone Number	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input 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	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<input 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.			
<i>Douglas C Medlin</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer	
		<i>7/5/2013</i> Date	

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Doug Medina	Organizational		
Start of Election Cycle: January 1, 2013	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$	\$	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	



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: Doug Medina
 Treasurer Name: Boyer-KAY
 Treasurer Address: PO Box 2835
 (include city, state, & zip) Say CF NC 28445
 Treasurer Phone: 910-328-1514

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 at or 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.

7/5/2013
 Date Signed

[Signature]
 Signature

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



North Carolina
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Kim Westbrook Strach
 Executive Director

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 Fax: (919) 715-8047

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: Doug Medlin FOR SURF City Councilman
 Treasurer Name: Boyer KAY
 Treasurer Address: PO. Box 2835
 (include city, state, & zip) SURF City, NC 28445

 Treasurer Phone: 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 \$1,000 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 \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

2/1/14
 Date Signed

[Signature]
 Signature

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

REC'D FEB 10 2014