



NOTICE OF CANDIDACY (Non- PARTISAN)

2011

Municipal Election

Election

Election Year

Municipal/County

For the office of: PINEHURST COUNCIL MEMBER

Date: 06/16/2011

Candidate ID: 0H4H20

I hereby file notice as a candidate for election to the office of PINEHURST COUNCIL MEMBER in the Municipal Election to be held on 11/08/2011 in MOORE County.

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

John C. Strickland

Please print or type name above

6 VILLAGE LANE

PINEHURST, NC 28374

Residential Address: (Street, City, ZIP)

PO BOX 755

PINEHURST, NC 28370

Mailing Address if different (POB, City, Zip)

Home: (910) 295 - 6808 Cell: (908) 625 - 3266 Business: () -

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) John C. Strickland

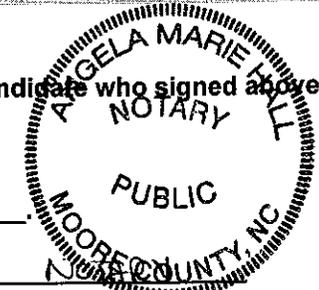
Certification of Notice of Candidacy

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

Sworn and subscribed before me this 16th day of June, 2011.

Title and signature of certifying Officer: Angela Marie Hill

My commission expires: 1/28/12 State of North Carolina, County of Moore



Verification by County Board of Elections

The undersigned has examined the voter registration records in MOORE County and found JOHN STRICKLAND to be a registered voter in the municipality/county of Moore.

County Chairman, Secretary or Director: [Signature] 7-1-11

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).

RECEIVED

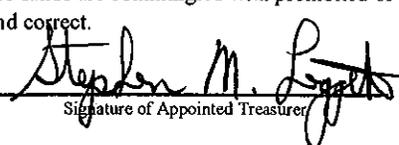
JUN 24 2011

MOOF Statement of Organization - Candidate Committee

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

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name				c. ID Number	
JOHN STRICKLAND FOR COUNCIL					
b. Mailing Address (Include City, State and Zip Code)				d. Date Organized	
JOHN STRICKLAND FOR COUNCIL P.O. BOX 3361 PINEHURST, N.C. 28374				JUNE 16 2011	
				e. Phone Number	
				910-295-6808	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
JOHN C. STRICKLAND		- 0 -		N.P.	
(Indicate Non-partisan if applicable)					
b. Mailing Address (Include City, State, and Zip Code)			g. Office Sought		
P.O. BOX 755 PINEHURST, N.C. 28370			PINEHURST VILLAGE COUNCIL		
c. Phone Number	d. Email Address		h. Next Election Year	i. Jurisdiction	
910-295-6808	JOHNSTRICKLAND@AOL.COM				
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
STEPHEN M. LEGGETT					
b. Mailing Address (Include City, State, and Zip Code)			b. Mailing Address (Include City, State, and Zip Code)		
65 PINEWILD DRIVE PINEHURST, N.C. 28374					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
910-215-5544	LEGGETT@NCIRR.COM				
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			6. Account Information (incl. CRO-3500) <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			a. Financial Institution Full Name		
			BANK OF AMERICA		
b. Mailing Address (Include City, State, and Zip Code)			b. Purpose		
			OPERATIONS.		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
			A	CHECKING	
<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.					
STEPHEN M. LEGGETT				6/24/2011	
Printed Name of Signer		Signature of Appointed Treasurer		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: John C. Strickland
Treasurer Name: Stephen M. Leggett
Treasurer Address: 65 Pinewild Drive
(include city, state, & zip) Pinehurst, NC 28374

Treasurer Phone: 910/215-5544 h 910/603-3533 c

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).

JUNE 24, 2011
Date Signed

John C. Strickland
Signature of Candidate

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



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

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: John Strickland for Council
Treasurer Name: Stephen M. Leggett
Treasurer Address: 65 Pinewild Drive
(include city, state, & zip) Pinehurst, NC 28374
Treasurer Phone: 910/215-5544

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 an "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 monies 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 monies.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	BANK OF AMERICA	PO Box 1629 5 VILLAGE GREEN W PINEHURST, NC 28374	[REDACTED]	A

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

6/24/2011
Date Signed

Stephen M. Leggett Treasurer
Signature of Candidate or Treasurer

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



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

RECEIVED

JUN 24 2011

MOORE BOE

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

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

Candidate Designation of Committee Funds

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

Candidate Name: JOHN C. STRICKLAND

Committee Name: JOHN STRICKLAND FOR COUNCIL

Treasurer Name: STEPHEN M. LEGGETT

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

Committee ID #: _____

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

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

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>VILLAGE HERITAGE FOUNDATION</u> <u>PINEHURST, N.C. 28370</u>	<u>100%</u>
2. _____	_____
3. _____	_____

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

Signature of Candidate: John C. Strickland

Date: JUNE 24, 2011

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