



NOTICE OF CANDIDACY (Non- PARTISAN)

2011

Election Year

Municipal/County

Election

For the office of: SOUTHERN PINES COUNCIL MEMBER

Date: 07/15/2011

Candidate ID: FH4Y16

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

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

Marsh Smith

Please print or type name above

568 SANTEE RD

CARTHAGE, NC 28327

Residential Address: (Street, City, ZIP)

568 SANTEE RD

CARTHAGE, NC 28327

Mailing Address if different (POB, City, Zip)

Home: (910) 692 - 7141 Cell: (910) 215 - 6629 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) [Signature]

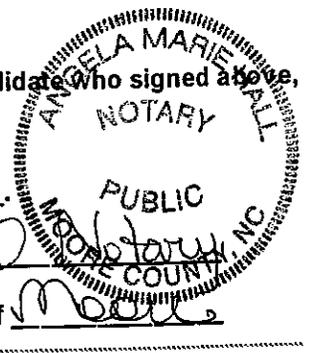
Certification of Notice of Candidacy

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

Sworn and subscribed before me this 15th day of July, 2011.

Title and signature of certifying Officer: [Signature]

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 FRANK SMITH to be a registered voter in the municipality/county of Moore

County Chairman, Secretary or Director: [Signature] 7-15-11

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).

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.

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JUL 27 2011

MOORE BOE

7-25-11

Postmarked 7/25/11

cancel

Amendment

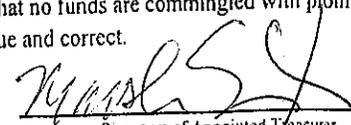
Yes No

Statement of Organization - Candidate Committee

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	
Marsh Smith for Southern Pines Town Council				_____	
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
568 Santee Rd Cuthage, NC 28327				_____	
				e. Phone Number	

2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Marsh Smith		_____		_____	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
568 Santee Rd, Cuthage, NC 28327		Southern Pines Council Member			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
910-692-7141	marsh@marshsmithlaw.com	_____		_____	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Marsh Smith			_____		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
568 Santee Rd, Cuthage, NC 28327			_____		
c. Phone Number	d. Email Address	c. Phone Number		d. Email Address	
910-692-7141	marsh@marshsmithlaw.com	_____		_____	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
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.					
Marsh Smith				7/25/11	
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: Marsh Smith
 Treasurer Name: Marsh Smith
 Treasurer Address: 568 Santee Rd
 (include city, state, & zip) Carthage, N.C. 28327

 Treasurer Phone: 910-692-7141

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).

7/25/11
 Date Signed

Marsh Smith
 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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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: Marsh Smith for Southern Pines Town Council
Treasurer Name: Marsh Smith
Treasurer Address: 568 Santee Rd
Carrhage, N.C 28327
Treasurer Phone: 910-692-7141

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.

7/25/11
Date Signed

Marsh Smith
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: Marsh Smith for Southern Pines Town Council
 Treasurer Name: Marsh Smith
 Treasurer Address: 568 Santee Rd
 (include city, state, & zip) Carrhage, N.C 28327
 Treasurer Phone: 910-692-7141

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	First Citizens Bank	390 SW Broad St, Sou. Pines, NC 28387		4311

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

7/25/11 Date Signed
Marsh Smith 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.)

7/25/11 Date Signed
Marsh Smith Signature of Candidate or Treasurer



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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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Marsh Smith
Committee Name: Marsh Smith for Southern Pines Town Council
Treasurer Name: Marsh Smith
If Candidate is own treasurer, designate an agent to carry out designations: Denise Smith
Committee ID #: TBD
Level Registered: [State] [County] If county, specify: Moore County

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

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Sandhills Area Land Trust, Inc</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: Marsh Smith

Date: 7/25/11



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Raleigh, NC 27603

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MOORE BOE

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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: Marsh Smith For Southern Pines Town Council
 Treasurer Name: Marsh Smith
 Treasurer Address: 568 Santee Rd.
 (include city, state, & zip) Carthage, NC 28327-8980
 Treasurer Phone: (910) 692-7141

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.

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11/5/2011
Date Signed

Marsh Smith
Signature

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