

NOTICE OF CANDIDACY FOR LEGISLATIVE & COUNTY OFFICES 2002

TO THE Pender COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as Pender County Comm. District 2 in the Rep Party Primary Election scheduled for May 7, 2002*. I affiliate with the Rep Party, and I certify that I am now registered on the registration records of the precinct in which I reside as an affiliate of the Rep Party. I further certify that I have not changed my political party affiliation within the past ninety (90) days, nor have I changed from "unaffiliated" status to my current affiliation within the past ninety (90) days.

I pledge that if I am defeated in the primary, I will not run for any office as a write-in candidate in the next general election.

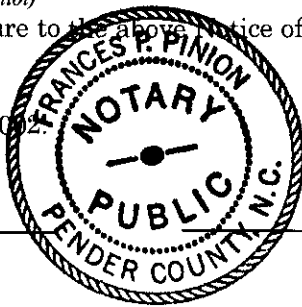
8315 Hwy 53 E Residence Address
Burgaw N.C. 28425 City, State, Zip
Same Mailing Address
Same City, State, Zip

Stephen C. Holland Name as it will appear on Ballot
[Signature] Signature of Candidate
910-259-4195 Home Telephone
910-259-5743 Work Telephone

Certification of Notice of Candidacy

I hereby certify that Stephen C. Holland, the candidate who signed above, personally appeared before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her signature to be the same.

This 18th day of February, 2002



Frances P. Pinion Signature of Certifying Officer
Notary Title of Certifying Officer

My commission expires: 10-22-04

Verification by County Board

The undersigned has examined the voter registration records in Pender County and found Stephen C. Holland to be a registered voter, affiliated with the Republican Party and that subject candidate has not changed his/her political party affiliation within the past ninety (90) days.

Pender County Date 2-18-02 Chairman or Director Frances P. Pinion

*If pre-clearance of the Congressional, State Senate and State House District plans is not received by 10:00 a.m. February 18, 2002, the State Board of Elections shall postpone the filing period and the primary.

Statement of Organization

1. Name of Committee STEPHEN C. HOLLAND				7. Date 2-18-02	
2. Address of Committee 8815 Hwy 53 E				8. ID Number	
3. City BURGAW		4. State NC	5. Zip 28425	6. Phone 259-5743	9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Type of Committee (Check one and complete the respective information required below.)					
<input checked="" type="checkbox"/> 10. Candidate Committee <input type="checkbox"/> Primary Candidate Committee (If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)					
a. Name of Candidate STEPHEN C. HOLLAND		b. Candidate ID Number	c. Office COM. CLERK	d. Party Affiliation Rep	e. Dist/Cty/Mun DIST. 2
<input type="checkbox"/> 11. Joint Candidate Committee or Fundraiser <input type="checkbox"/> Primary Candidate Committee					
a. If Fundraiser, Name of Event			b. If Fundraiser, Event Location		
c. Candidate Names		d. Candidate ID Number	e. Office	f. Party Affiliation	g. Share of Profits %
					%
					%
					%
<input type="checkbox"/> 12. Party Committee					
a. Type (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Subordinate				b. Party	
<input type="checkbox"/> 13. General Political Committee					
a. Category (Check one)					
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Health	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trade	
<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Environment	<input type="checkbox"/> Insurance	<input type="checkbox"/> Minority	<input type="checkbox"/> Utilities	
<input type="checkbox"/> Religious	<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Legal	<input type="checkbox"/> Information Tech/Telecommunications		
<input type="checkbox"/> Political Party not part of the Party Plan of Organization	<input type="checkbox"/> Other:				
b. Type (Check one) <input type="checkbox"/> Parent Entity <input type="checkbox"/> Political Purpose <input type="checkbox"/> Economic Interest			c. Definition of Type		
d. Member Definition					
----- Connected Organization or Affiliated Committee -----					
e. Name		f. Mailing Address (include city, state, & zip)		g. Relationship	
<input type="checkbox"/> 14. Referendum Committee					
a. Name of Referendum			b. Referendum Date	c. Declaration (Check one) <input type="checkbox"/> Support <input type="checkbox"/> Oppose	

Statement of Organization

15. Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Stephen C. Holland	8315 Hwy 58 E	Burgaw	Nc.	28425	259-5743
g. Email Address					

16. Assistant Treasurer Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
g. Email Address					

17. Custodian of Books Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Phone
Stephen C. Holland	8315 Hwy 58 E	Burgaw	Nc.	28425	259-5747
g. Email Address					

18. Bank/Depository/Credit Account Information

a. Name	b. Address	c. City	d. State	e. Zip	f. Acct Type & Number
FNB		Burgaw	N.C.	28425	
g. Purpose				h. Code	
Election				SCA	
g. Purpose				h. Code	

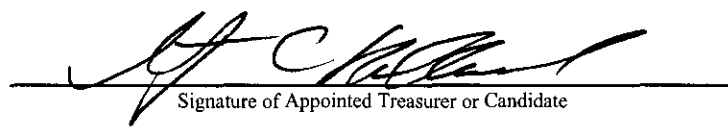
19. Certification of Threshold (for Candidate and Party Committees Only)

I certify that this committee intends to neither receive nor expend more than \$3,000 during the campaign under the procedures set forth in G.S. 163-278.10A. This certification will remain until the end of the election cycle for this committee. I further understand that should the above circumstances change at any time during the election cycle, it will be necessary for the person responsible for filing financial reports to immediately notify the appropriate Board of Elections Campaign Reporting Office and to commence filing campaign reports with the next scheduled report; such report to include all funds received and spent since the beginning of the committee's current election cycle. By checking this box, I am not required to file an organizational report.

I am amending this Statement of Organization to withdraw my Certification to remain under the \$3000 threshold. I will now be required to file a report of all contributions and expenditures from the beginning of the election cycle that have not been previously reported. This report will be referred to as a "Threshold Report". I further agree to file all future reports required.

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.


 Signature of Appointed Treasurer or Candidate

2-18-02
 Date



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

Kimberly Westbrook
 Deputy Director - Campaign Reporting

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

Certification of Treasurer

FILED BY:

Candidate Name:

Stephen C. Halland

Treasurer Name:

Stephen C. Halland

Treasurer Address:

(include city, state, & zip)

8315 Hwy 57 E
Bergon NC 28425

Treasurer Phone:

910-259-5743

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.

2-18-02
 Date Signed

[Signature]
 Signature of Candidate



JAN 30 2003

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

Kimberly Westbrook
Deputy Director – Campaign Reporting

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

Certification to Close Committee

FILED BY:

Committee Name:

Stephen C Holland

Treasurer Name:

Samantha

Treasurer Address:

8315 Hwy 53 East
Durham N.C. 28425

(include city, state, & zip)

Treasurer Phone:

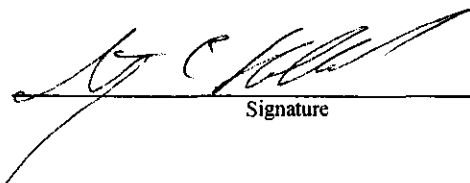
910-259-5743

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.

1-30-03

Date Signed



Signature