

# NOTICE OF CANDIDACY (NON-PARTISAN) FOR Topsail Beach Commissioner

Date: 07/07/2003Candidate ID: 1VY7Z5

I hereby file notice that I am a candidate for election to the office of Topsail Beach Commissioner (Town of Topsail Beach) in the municipal elections to be held in Town of Topsail Beach, North Carolina on 11/04/2003.

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

Bobbie Morrison

(Please print or type name above)

**Residential Address**304 N Anderson Blvd

Street Address

Topsail Beach NC 28445

City, State, Zip

**Mailing Address (if different)**PO Box 3070

Street Address

Topsail Beach NC 28445

City, State, Zip

**Telephone Number(s)**

Business

(910) 328-2455

Home

Cell

Barbara Vaile Morrison

Signature of Candidate (legal name)

**Certification of Notice of Candidacy**

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

Sworn to and subscribed before me this 7th day of July, 2003.

Notary Notary

Title of Certifying Officer

Frances P. Penix

Signature of Certifying Officer

My commission expires:

10-22-04**Verification by County Board of Elections**

The undersigned has examined the voter registration records in PENDER County and found Barbara Morrison to be a registered voter in the municipality of Topsail Beach

7-7-03

Date

Pender

County

Frances P. Penix

Chairman or Director

The Notice of Candidacy must be signed in the presence of the chairman or secretary 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 § 163-106.) 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).

NICKNAME AFFIDAVIT

(NCGS 163-106 (a))

I, Barbara Vail Morrison, having been duly sworn, hereby state under  
(Legal name)  
oath that I have been commonly known by the nickname, Bobbie.

for at least five years and request that my name be placed on the ballot as follows:

Bobbie Morrison. 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: Barbara (Bobbie) Morrison  
(Legal name and nickname)

Barbara Vail Morrison  
Legal Name

Sworn to and subscribed before me

this 7th day of July, 2003.

Frances P. Pinion  
Notary Public  
My commission expires \_\_\_\_\_.

# Statement of Organization - Candidate Committee

Amendment

☐ Yes

☒ No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Committee to Re-elect Bobbie Morrison		1KY725	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 3070 Topsail Beach NC 28445		7-7-03	
		e. Phone Number	
		910 328 2455	
<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Barbara Veil Morrison		Rep. Non Part.	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
PO Box 3070 Topsail Beach NC 28445	Commissioner	Topsail Beach	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name	a. Full Name		
Self	Self		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
Above			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910 328 2455	MoresunCommish@aol.com		
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Bank of American	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign	
c. Phone Number	d. Email Address	c. Code	d. Type
		BVM	Checking
<b>CERTIFICATION</b>			
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.			
Barbara Morrison		Barbara Morrison	
Printed Name of Signer		Signature of Appointed Treasurer	
		7-7-03	
		Date	

CRO-2100A

NC State Board of Elections

May 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 of Treasurer**

**FILED BY:**

Candidate Name:

Bobbie Morrison

Treasurer Name:

Self

Treasurer Address:

PO Box 3070

(include city, state, & zip)

Jaysail Beach NC 28445

Treasurer Phone:

910 328 2455

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.

7-7-03

Date Signed

Bobbie Morrison

Signature of Candidate



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 Threshold**

**FILED BY:**

Committee Name: Committee to Re-elect Bobbie Morrison

Treasurer Name: Bobbie Morrison

Treasurer Address: PO Box 3070

(include city, state, & zip) Jopscott Beach NC 28445

Treasurer Phone: 910-328-2455

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.

☐ 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.

7-7-03

Date Signed

Bobbie Morrison

Signature

