

NOTICE OF CANDIDACY (Non- PARTISAN) _

2011

Municipal/County Election

For the office of: COMMISSIO	NER OF ATKINSON		
Date: 07/11/2011	Candidate ID: 5HL3PQ		
I hereby file notice as a can	didate for election to the office of	COMMISSIONER OF ATKINSO	N in the
	Election to be held on 11/08/2011	in PENDER	County.
I request that my name app	ear on the ballot as follows:		
Christie Halligan			
Please print or type name above			
301 S FIRST ST Residential Address: (Street, City, ZIP)	ATKINSON, NO	28421	
Mailing Address if different (POB, City, Zip)		r I	
Home: (910) 283 - 1762	Cell: () Bu	usiness: ()	* .
Have you ever been	to the following to be true, correct, and convicted of a felony? (Felony conviction of reversal on appeal or resulted in a p	on need not be disclosed if the	ne conviction was
If you have been convicted of hours of submitting this notice	a felony, you are required to complete e. GS § 163-106	the "Candidate Felony Disc	osure" form within 48
Signature of Candidate (legal i	name) <u>Christi Nallya</u>	N	
	Certification of Notice of C	andidacy	
I hereby certify that Christie	Halligan	ANNaMuda	LOGHigned above
(Name	as it will appear on ballot)	NOTATOL D	
personally appeared before	me this day and signed in my prese	Pender County, N	
Sworn and subscribed before	re me this <u>11th</u> day of	uly , 2011 .	
Title and signature of certif	ying Officer: Notary	Jun M Balos	ah
1	eb. 27, 2016 State of Noi	th Carolina, County of	ender
	Verification by County Board	of Elections	
The undersigned has exam	ined the voter registration records in	PENDER	County and found
CHRISTIE HALLIGAN	to be a registered voter in the m	unicipality/county of At	KINSON
County Chairman, Secretar		7/11/1	
The Notice of Candidacy must	be signed in the presence of the chairman	an, secretary or director of th	e Board of Elections

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.

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

Amendment Yes No No

	e accompanied by forms CRO-3100 and C	RO-3300.	A STATE OF S		
1. Committee Info	ormation			I. ID Number	
		1		c. ID Number	
	E LEWIS HALLIGAN	V			
	nclude City, State and Zip Code)			d. Date Organ	nized
301 S	, FIRST AVE			7/11	/11
ATKINSON	NE 28421			e. Phone Num	
· · ·				910-2	83-1762
2. Candidate Info	ormation	Candidate's P	Primary Commi	A STATE OF THE PARTY OF THE PAR	
a. Full Name		c. Candidate ID Nun		d. Party Affili	iation
	EL. NALLIGAN				10.0
	nclude City, State, and Zip Code)	e. Office Sought			f. Jurisdiction
301 S.	FIRST AVE U NC 28421	COUNCIL CommissionEl (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Info	rmation	4. Custodian of I	2 55		
a. Full Name		a. Full Name			
CHRISTIE	NALLIGAN				
b. Mailing Address (in	nclude City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)			
301 S. FIRST DUE. MIKINSON NC 28421				N. F. William	
c. Phone Number	d. Email Address	c. Phone Number d. Email Address			
					T
5. Assistant Treas	surer Information Add	6. Account Information (incl. CRO-3500) Add			
a. Full Name	Remove	a. Financial Institution Full Name			
b. Mailing Address (in	clude City, State, and Zip Code)	b. Purpose		THE STATE OF THE S	
c. Phone Number	d. Email Address	c. Account Code	d. Type		
			S VA		
CERTIFICATION	<u></u>				
I certify that the C Chapter 163 of the further certify that	Committee or Fund is in compliance with a see NC General Statutes and that no funds a set this report is complete, true and correct. The way MALLIGAN Market Characteristics of the complete	are commingled with	h prohibited or Ulgan	22A, 22B & other non-dis	22D-22M of sclosed funds. I



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:	ì			
Candidate Name:	CHRISTIE HALLIGAN			
Treasurer Name:	CHRISTIE MALLIGAN			
Treasurer Address:	301 S. FIRST AUE.			
(include city, state, & zip)	ATKINSON NC 28421			
Treasurer Phone:	910-283-1762			
	mation is correct, and I, as candidate, appoint said treasurer to personally fulfill			
	es imposed upon the appointed treasurer and subject to the penalties and I. Regulation of Election Campaigns of Chapter 163 of the North Carolina			
General Statutes.	. Regulation of Election Campaigns of Chapter 103 of the North Carolina			

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).

7/11/11 Date Signed

Signature of Candidate

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

CRO-3100

Certification of Treasurer

June 2007



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 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:	CHRISTIE HALLIGAN FOR COMMISSIONER
Treasurer Name:	CHRISTIE NALLIGAN
Treasurer Address:	301 S FIRST AUE.
(include city, state, & zip)	ATKINSON NC 28421
Treasurer Phone:	910- 283-1762
election cycle under the prountil the end of the election expenditures during this elections and file require THIS DECLARATION CA I am withdrawing my to file the next scheduled	mittee intends to neither receive nor expend more than \$1,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$1,000 in contributions or ection cycle, I understand that I must immediately notify the appropriate board d campaign finance reports. AN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously g of the current election cycle. I further agree to file all future reports required.
Date Signed	

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

CRO-3600

Certification of Threshold

December 2009