



NOTICE OF CANDIDACY (Non- PARTISAN) _____ Election

2013 Election Year Municipal/County

For the office of: BURGAW MAYOR

Date: 07/15/2013 Candidate ID: 1HLN07

I hereby file notice as a candidate for election to the office of BURGAW MAYOR in the Election to be held on 11/05/2013 in PENDER County.

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

Eugene Mulligan Please print or type name above 411 S DUDLEY ST, BURGAW, NC 28425 Residential Address: (Street, City, ZIP) Mailing Address if different (POB, City, Zip)

Home: () - Cell: (910) 262 - 6574 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) Eugene Mulligan

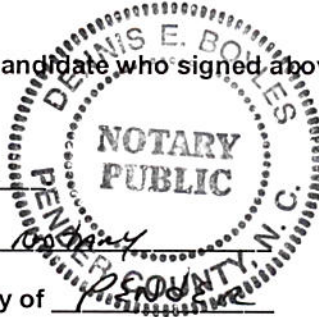
Certification of Notice of Candidacy

I hereby certify that Eugene Mulligan, 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, 2013

Title and signature of certifying Officer: Dennis E. B...

My commission expires: 3/31/2015 State of North Carolina, County of Pender



Verification by County Board of Elections

The undersigned has examined the voter registration records in PENDER County and found EUGENE MULLIGAN to be a registered voter in the municipality/county of Burgaw

County Chairman, Secretary or Director: Dennis E. B... 7/16/13 Signature and date

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.

Disclosure Report Cover

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

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

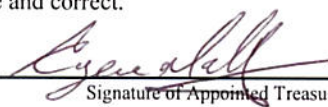
1. Committee Information			
a. Full Name <i>EUGENE MULLIGAN</i>		c. ID Number <i>141N07</i>	
b. Mailing Address (include City, State and Zip Code) <i>411 S. DODLEY STREET BURGAN NC 28425</i>		d. Date Filed <i>7-15-13</i>	
		e. Phone Number <i>910 262 6574</i>	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
<i>2013</i>	<i>7-15-13</i>	<i>7-15-13</i>	<i>EUGENE MULLIGAN</i>
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	<i>EM</i>		
	d. Period Begin Balance		d. Period Begin Balance
	<i>\$ 0.0</i>		<i>\$</i>
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 and that I have been trained by the NC State Board of Elections.			
<i>EUGENE MULLIGAN</i> Printed Name of Signer		<i>Eugene Mulligan</i> Signature of Appointed Treasurer	<i>7-15-13</i> Date
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Statement of Organization - Candidate Committee

Amendment
<input type="checkbox"/> Yes <input 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		
EUGENE MULLIGAN			1HLN07		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
411 S. DUDLEY STREET BORGAN NC 28425			7-15-'13		
			e. Phone Number		
			910 262 6574		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
EUGENE MULLIGAN					
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
411 SOUTH DUDLEY STREET BORGAN NC 28425		MAYOR OF BORGAN			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
910 262 6574					
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
EUGENE MULLIGAN					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
411 SOUTH DUDLEY STREET BORGAN NC 28425					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
910 262 6574					
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
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		
		EM.			
<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.					
EUGENE MULLIGAN				7-15-'13	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



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

Kim Westbrook Strach
 Executive Director

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: EUGENE MOLLIGAN

Treasurer Name: EUGENE MOLLIGAN

Treasurer Address: 411 SOUTH DODLEY STREET
 (include city, state, & zip) BURGAN
NC 28425

Treasurer Phone: 910 262 6574

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).

7-15-13
 Date Signed

Eugene Molligan
 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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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: EUGENE MULLIGAN
 Treasurer Name: AS ABOVE
 Treasurer Address: 411 S. DUDLEY ST.
 (include city, state, & zip) BRYAN
NC 27825
 Treasurer Phone: 910 262 6544

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.

7-15-13
 Date Signed

Eugene Mulligan
 Signature

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



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FILED BY:

Committee Name: Eugene Mulligan

Treasurer Name: Self

Treasurer Address: _____

(include city, state, & zip) 214 South Dickason Street

Burgaw

NC 28425

Treasurer Phone: _____

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.

9-5-13
Date Signed

Eugene Mulligan
Signature

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