



STATE OF NORTH CAROLINA  
 COUNTY OF PENDER  
 NOTICE OF CANDIDACY

ELECTION MUNICIPAL  
 ELECTION DATE 11/07/2017  
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TO: PENDER COUNTY BOARD OF ELECTIONS  
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: TOWN OF ATKINSON MAYOR  
 DATE: 07/13/2017 SEAT NAME (Judicial contests only): \_\_\_\_\_

CANDIDATE INFORMATION

CHRISTIE LEWIS HALLIGAN <i>Full Legal Name</i>		Christie Halligan <i>Name to Appear on Ballot</i>
301 S FIRST AVE <i>Residential Address</i>		 <i>Mailing Address</i>
ATKINSON, NC 28421 <i>City, State and Zip</i>	PENDER <i>County</i>	 <i>City, State and Zip</i>
 <i>Campaign Phone Number</i>	 <i>Campaign Email Address</i>	 <i>NC State Bar No. (Judicial and District Attorney Candidates only)</i>

CANDIDATE'S PLEDGE

Complete only if filing for a partisan office (including judicial): I hereby file notice as a candidate for nomination as \_\_\_\_\_ in the \_\_\_\_\_ party primary election to be held on \_\_\_\_\_, I affiliate with the \_\_\_\_\_ 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 \_\_\_\_\_ party.) I pledge that if I am defeated in the primary, I will not run for the same office as a write-in candidate in the next general election. I further certify that I have not changed my political party affiliation within the past 90 days, nor have I changed from "unaffiliated" status to my current affiliation within the past 90 days.

Complete only if filing for a non-partisan office: I hereby file notice that I am a candidate for election to the office of TOWN OF ATKINSON MAYOR (at-large) (for the \_\_\_\_\_ Ward/District) in the regular municipal election to be held in ATKINSON on 11/07/2017.

FELONY DISCLOSURE

Have you ever been convicted of a felony?  YES  NO

If you have been convicted of a felony, you are required to complete a "Candidate Felony Disclosure" form within 48 hours of submitting this notice. GS § 163-106. The required form can be obtained from any election office or from the NC State Board of Elections website at [www.NCSBE.gov](http://www.NCSBE.gov). A prior felony conviction does not preclude holding elected office if rights of citizenship have been restored. 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.

AFFIDAVIT ATTESTING TO NICKNAME

(complete only if you would like an acceptable nickname to appear on the ballot in lieu of your legal name)

I, \_\_\_\_\_, have been duly sworn, hereby state under oath that I have been commonly known by the nickname, \_\_\_\_\_ for at least five years and request that my name be placed on the ballot as follows: \_\_\_\_\_.

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 as: \_\_\_\_\_.

CANDIDATE'S CERTIFICATION AND PLEDGE

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I swear or affirm that the statements on this form are true, correct and complete to the best of my knowledge or belief.

X Christie Halligan  
 Signature of Candidate

07/13/2017  
 Date

Each candidate shall sign the notice of candidacy in the presence of the chairman or secretary of the board of elections, State or county, with which the candidate files. In the alternative, a candidate may have the candidate's signature on the notice of candidacy acknowledged and certified to by an officer authorized to take acknowledgments and administer oaths, in which case the candidate may mail or deliver by commercial courier service the candidate's notice of candidacy to the appropriate board of elections.

# Statement of Organization - Candidate Committee

Amendment  
 Yes  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	
CHRISTIE HALLIGAN		8HL-798	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
301 S. FIRST AVE ATKINSON NC 28421		7/13/17	
		e. Phone Number	
		910-5066076	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
CHRISTIE HALLIGAN		8HL-798	N/P
		(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
301 S. FIRST AVE ATKINSON NC 20421		MAYOR ATKINSON NC	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910506-6076	N/A	2017	
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
CHRISTIE HALLIGAN		CHRISTIE HALLIGAN	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
301 S. FIRST AVE. ATKINSON NC 28421		301 S. FIRST AVE ATKINSON NC 28421	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910506-6076	N/A	9105066076	N/A
I prefer to receive notices by email <input checked="" 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	<input type="checkbox"/> Add <input type="checkbox"/> Remove
CHRISTIE HALLIGAN			<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
301 S. FIRST AVE ATKINSON NC 28421			
c. Phone Number	d. Email Address	c. Account Code	d. Type
910506-6076	N/A		
<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.			
CHRISTIE HALLIGAN		Christie Halligan	
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

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Candidate Name: CHRISTIE HALLIGAN  
 Treasurer Name: CHRISTIE HALLIGAN  
 Treasurer Address: 301 S. FIRST AVE  
 (include city, state, & zip) ATKINSON NC 28421  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 910-506-6076

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).

7/13/17  
 Date Signed

Christie Halligan  
 Signature of Candidate



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 State Board of Elections  
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 Executive Director

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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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Committee Name: CHRISTIE HALLIGAN

Treasurer Name: CHRISTIE HALLIGAN

Treasurer Address: 301 S. FIRST AVE

(include city, state, & zip) ATKINSON NC 28421

Treasurer Phone: 910-506-6076

**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.

7/13/17  
 Date Signed

Christie Halligan  
 Signature



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

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Kim Westbrook Strach  
 Executive Director

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

**Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Committee Name: CHRISTIE HALLIGAN

Treasurer Name: CHRISTIE HALLIGAN

Treasurer Address: 301 S FIRST AVE  
 (include city, state, & zip) ATKINSON NC 28421

Treasurer Phone: 910 506-6076

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 \$1,000 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 \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/11/10  
 Date Signed

Christie Halligan  
 Signature