

NOTICE OF CANDIDACY (NON-PARTISAN)

for the office of Surf City Council Member

Date: 07/15/2005

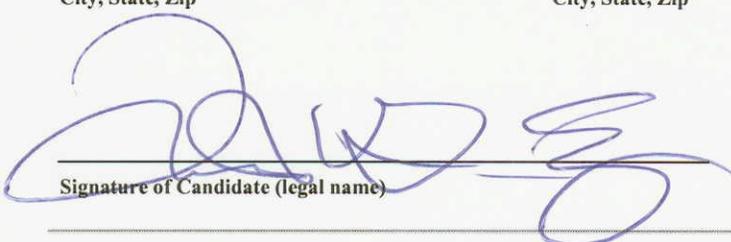
Candidate ID: 69Y16E

I hereby file notice that I am a candidate for election to the office of **Surf City Council Member (SURF CITY)** in the **2005 Municipal Elections** to be held in **SURF CITY**, North Carolina on **11/08/2005**.

I request that my name appear on the ballot as follows: **MICHAEL HAROLD CURLEY**

Residential Address	Mailing Address (if different)	Telephone Number(s)
804 SOUTH SHORE DR.		
Street Address	Street Address	Business
SURF CITY NC 28445		(910) 328-5804
City, State, Zip	City, State, Zip	Home
		Cell

Signature of Candidate (legal name)



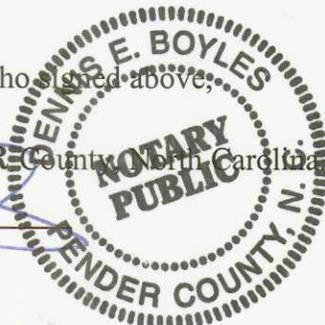
Certification of Notice of Candidacy

I hereby certify that **MICHAEL HAROLD CURLEY**, the candidate who signed above, personally appeared before me this day and signed in my presence.

Sworn to and subscribed before me this 15th day of July, 2005. PENDER County, North Carolina

Notary
Title of Certifying Officer


Signature of Certifying Officer



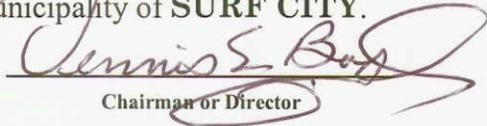
My commission expires: MARCH 31 2010

Verification by County Board of Elections

The undersigned has examined the voter registration records in **PENDER** County and found **MICHAEL HAROLD CURLEY** to be a registered voter in the municipality of **SURF CITY**.

7/15/05
Date

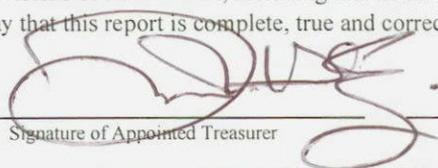
PENDER
County


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).

Statement of Organization - Candidate Committee

Amendment
 Yes No

1. Committee Information					
a. Full Name			c. ID Number		
MICHAEL HAROLD CURLEY			69416E		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
804 SOUTH SHORE DR SURF CITY, NC 28445			9/15/05		
			e. Phone Number		
			910-328-5804		
2. Candidate Information				<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
SAME				NCGO DNR	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
		TOWN COUNCIL		SURF CITY	
<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
MICHAEL CURLEY			SAME		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
804 SOUTH SHORE DR SURF CITY, NC 28445					
c. Phone Number		d. Email Address		c. Phone Number	
910-328-5804		MICHAELH@CURLEY.COM			
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
NONE					
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number		d. Email Address		c. Code	
				d. Type	
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.					
MICHAEL HAROLD CURLEY					7/15/05
Printed Name of Signer			Signature of Appointed Treasurer		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:

MICHAEL HAROLD CURLEY

Treasurer Name:

SALE

Treasurer Address:

804 SOUTH SHORE DR

(include city, state, & zip)

SURF CITY, NC 28445

Treasurer Phone:

910-328-5804

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.

7/15/05
 Date Signed

[Signature]
 Signature of Candidate



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State Board of Elections

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Deputy Director – Campaign Reporting

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Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name:

MICHAEL HAROLD GURLEY

Treasurer Name:

SALE

Treasurer Address:

804 SO SHORE DR

(include city, state, & zip)

SURF CITY, NC 28445

Treasurer Phone:

910-328-5804

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.

7/15/05
Date Signed

[Signature]
Signature



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Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: MICHAEL HAROLD CURBEY
 Treasurer Name: SAME
 Treasurer Address: 804 SOUTH SHORE DRIVE
 (include city, state, & zip) SURFCITY, NC 28445
 Treasurer Phone: 910-328-5804

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Code
CHECKING	BANK OF AMERICA	SURFCITY, NC	MC

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

9/23/05
 Date Signed

[Signature]
 Signature of Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

 Date Signed

 Signature of Candidate



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 State Board of Elections
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 Raleigh, NC 27603

Kimberly Westbrook
 Deputy Director – Campaign Reporting

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 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

DEC 29 2005

Certification to Close Committee

FILED BY:

Committee Name: MICHAEL CURLEY FOR COUNCIL
 Treasurer Name: MICHAEL CURLEY
 Treasurer Address: 804 SOUTH SHORE
 (include city, state, & zip) SURFCITY, NC
28445
 Treasurer Phone: 910-328-5804

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.

12/28/05
 Date Signed

[Signature]
 Signature