

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.

| | | | |
|---|------------------|---|----------------------|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| CHRISTIE LEWIS HALLIGAN | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Organized | |
| 301 S. FIRST AVE ATKINSON NC 28421 | | 7/11/11 | |
| | | e. Phone Number | |
| | | 910-283-7762 | |
| 2. Candidate Information | | | |
| <input type="checkbox"/> Candidate's Primary Committee | | | |
| a. Full Name | | c. Candidate ID Number | d. Party Affiliation |
| CHRISTIE L. HALLIGAN | | | |
| b. Mailing Address (include City, State, and Zip Code) | | e. Office Sought | f. Jurisdiction |
| 301 S. FIRST AVE ATKINSON NC 28421 | | COUNCIL COMMISSIONER | |
| <small>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</small> | | | |
| 3. Treasurer Information | | 4. Custodian of Books Information | |
| a. Full Name | | a. Full Name | |
| 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 | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| | | | |
| 5. Assistant Treasurer Information | | 6. Account Information <small>(incl. CRO-3500)</small> | |
| a. Full Name | | a. Financial Institution Full Name | b. Purpose |
| | | | |
| b. Mailing Address (include City, State, and Zip Code) | | c. Account Code | |
| | | d. Type | |
| c. Phone Number | | d. Type | |
| d. Email Address | | | |
| | | | |
| 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 LEWIS HALLIGAN | | Christie L. Halligan | 7/11/11 |
| Printed Name of Signer | | Signature of Appointed Treasurer | Date |



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:

Candidate Name: CHRISTIE HALLIGAN
 Treasurer Name: CHRISTIE HALLIGAN
 Treasurer Address: 301 S. FIRST AVE.
 (include city, state, & zip) ATKINSON NC 28421

 Treasurer Phone: 910-283-1762

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).

7/11/11
 Date Signed

Christie Halligan
 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: CHRISTIE HALLIGAN for COMMISSIONER
 Treasurer Name: CHRISTIE HALLIGAN
 Treasurer Address: 301 S FIRST AVE.
 (include city, state, & zip) ATKINSON NC 28421

 Treasurer Phone: 910-283-1762

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.

7/11/11
 Date Signed

Christie Halligan
 Signature

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