



**NOTICE OF CANDIDACY**  
**NORTH CAROLINA**  
**PENDER COUNTY**

ELECTION MUNICIPAL  
 ELECTION DATE 11/03/2015  
 JURISDICTION MUNI JURISDICTION VALUE AT

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

TO: PENDER COUNTY BOARD OF ELECTIONS Candidate ID: KHL5TJ  
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: TOWN OF ATKINSON COMMISSIONER

**CANDIDATE'S NOTICE AND PLEDGE**

(select appropriate checkbox and complete section based on the contest for which you are filing your notice of candidacy)

**PARTISAN CONTESTS**  
 (Federal, State, County or Municipal)

I hereby file notice as a candidate for nomination as \_\_\_\_\_ in District \_\_\_\_\_ 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 further certify that I have not changed my political party affiliation within the past ninety (90) days, nor have I changed from "unaffiliated" status to my current affiliation with the past ninety (90) days. 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.

**NON-PARTISAN CONTESTS**

I hereby file notice as a candidate for election to the office of TOWN OF ATKINSON COMMISSIONER in District \_\_\_\_\_ in the MUNICIPAL Election to be held on 11/03/2015 in PENDER County.

**JUDICIAL CONTESTS**

I hereby file notice as a candidate for election to the office of \_\_\_\_\_ to succeed \_\_\_\_\_ (Name and District if applicable), in the regular election to be conducted \_\_\_\_\_. I certify that I am now registered on the registration records of the precinct in which I reside. I understand that if required by G.S. § 163-322, a non-partisan primary is scheduled to be conducted on My N.C. State Bar No. is \_\_\_\_\_.

**CANDIDATE INFORMATION**

CHRISTIE LEWIS HALLIGAN  
 Full Legal Name  
301S FIRST AVENUE  
 Residential Address  
ATKINSON, NC 28421  
 City, State and Zip  
 Home Phone \_\_\_\_\_ Call Phone (910) 471-2566

Christie Halligan  
 Name to Appear on Ballot  
 Mailing Address \_\_\_\_\_  
 City, State and Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**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 the "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**

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 follows: \_\_\_\_\_ (Legal name and nickname)

**CANDIDATE'S AFFIRMATION**

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

07/13/2015  
 Date

# Disclosure Report Cover

Amendment

Yes  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

CHRISTIE HALLIBAN

c. ID Number

b. Mailing Address (include City, State and Zip Code)

301 S. FIRST AVE  
ATKINSON NC 28421

d. Date Filed

7/13/15

e. Phone Number

910-471-2586

2. Report Year

2015

3. Period Start Date (mm/dd/yy)

4. Period End Date (mm/dd/yy)

5. Treasurer Full Name

CHRISTIE HALLIBAN

## 6. Type of Committee (Check One)

- Candidate Campaign  Party  
 PAC  Referendum  
 Independent Expenditure  Joint Fundraiser  
 Legal Expense Fund

## 7. Type of Fund (if applicable, check one)

- Booster Fund  
 Building Fund

Other:

8. Number of Fundraisers this Report

## 9. Type of Report (check only one type of report from one category)

### Municipal

- Organizational  
 Thirty-five day  
 Pre-primary  
 Pre-election  
 Pre-runoff  
 Semi-annual  
 Mid Year  
 Year End  
 Final  
 Special

### State/County

- Organizational  
 Quarterly  
 First  
 Second  
 Third  
 Fourth  
 Semi-annual  
 Mid Year  
 Year End  
 Final  
 Special

### Referendum

- Organizational  
 Pre-referendum  
 Final  
 Supplemental Final  
 Annual  
 Special

## 10. Special Report Name

## 11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

## 11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

## 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.

CHRISTIE HALLIBAN  
Printed Name of Signer

Christie Halliban  
Signature of Appointed Treasurer

7/13/15  
Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

### Delivery Method

- Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_

Employee: \_\_\_\_\_

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.



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 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: ATKINSON COMMISSIONER

Treasurer Name: CHRISTIE HALLIGAN

Treasurer Address: 301 S. FIRST AVE.

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

Treasurer Phone: 910-471-2566

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.

7/13/15  
 Date Signed

Christie Halligan  
 Signature



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**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: SAME

Treasurer Address: 301 S. FIRST AVE.

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

Treasurer Phone: 910 471-2566

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).

7/13/15  
 Date Signed

Christie Halligan  
 Signature of Candidate



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 to Close Committee**

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

**FILED BY:**

Committee Name:

CHRISTIE NALLIGAN

Treasurer Name:

CHRISTIE NALLIGAN

Treasurer Address:

301 S. FIRST AVE.

(include city, state, & zip)

ATKINSON NC 28421

Treasurer Phone:

910-471-2566

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.

1/14/16  
Date Signed

Christie Nalligan  
Signature

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

Pender County Board of Elections  
PO Box 1232  
Burgaw, NC 28425