



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

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

**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: 6HLMW7  
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: TOWN OF BURGAW 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 BURGAW 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**

DEBORAH LINETTE MCALLISTER  
 Full Legal Name  
1111 STANFORD AVE 201

Deborah L. Walker McAllister  
 Name to Appear on Ballot

Residential Address

Mailing Address

BURGAW, NC 28425  
 City, State and Zip

City, State and Zip

Home Phone (910) 540-0663  
 Call Phone

Business Phone (910) 259-1495  
 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:

\_\_\_\_\_  
 Nickname  
 \_\_\_\_\_ 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 Deborah L. McAllister  
 Signature of Candidate

07/17/2015  
 Date

**Affidavit Attesting to Nickname**  
(NCGS § 163-106(a))

I, Deborah Linette McAllister (Legal name) have been duly sworn, hereby state under oath that I have been commonly known by the nickname, Deborah Linette McAllister, for at least five years and request that my name be placed on the ballot as follows: Deborah Linette Walker McAllister (Name to appear on ballot)

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 on the ballot as follows:

Deborah Linette Walker McAllister  
(Legal name and nickname)

Deborah Linette McAllister  
(Signature - legal name)

I hereby certify that Deborah Linette Walker McAllister the candidate who signed above, personally signed in my presence.

Sworn to and subscribed before me this 20<sup>th</sup> day of July, 2015.

Notary Public  
Title of Certifying Officer

[Signature]  
Signature of Certifying Officer

My commission expires: March 15, 2020

NORMA D. GASCA NOTARY PUBLIC Pender County North Carolina My Commission Expires March
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# 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 <b>Deborah Lynette Walker McAllister</b>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>111 Stanford Avenue / Apt. 201 Burgaw NC 28425</b>		d. Date Filed <b>7/17/15</b>
		e. Phone Number <b>910 540-0663</b>

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
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<b>6. Type of Committee (Check One)</b> <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		<b>9. Type of Report (check only one type of report from one category)</b> <table border="1"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input checked="" type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
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<input type="checkbox"/> Special	<input type="checkbox"/> Final																																							
	<input type="checkbox"/> Special																																							
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>10. Special Report Name</b>																																						
<b>8. Number of Fundraisers this Report</b>																																								

<b>11. Account Information</b> a. Financial Institution Full Name		<b>11. Account Information</b> a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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.

Deborah L. McAllister      Deborah L. McAllister      7/17/15  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

## FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

**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  
 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	
Deborah Lnette Walker McAllister			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1111 Stanford Avenue / Apt. 201 Burgaw NC 28425		7/17/15	
		e. Phone Number	
		910-540-0663	
2. Candidate Information			
<input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Same			
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
Same			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910 540 0663	lnettecallister@yahoo.com		
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Same			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same			
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
Same	Same		
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	
Same			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
Same			
c. Phone Number	d. Email Address	e. Account Code	d. Type
Same	Same		
<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.			
Deborah L. McAllister		Deborah L. McAllister	
Printed Name of Signer		Signature of Appointed Treasurer	
		7/17/15	
		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:

Deborah Linette Walker McAllister

Treasurer Name:

Same

Treasurer Address:

Same

(include city, state, & zip)

1111 Stanford Avenue / Apt. 201  
 Burgaw NC 28425

Treasurer Phone:

(910) 540-0663

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).

7/17/15  
 Date Signed

Deborah L. McAllister  
 Signature of Candidate



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:

Deborah Linette Walker McAllister

Treasurer Name:

same

Treasurer Address:

(include city, state, & zip)

same  
1111 Stanford Ave / Apt. 201  
Burgaw NC 28425

Treasurer Phone:

(910) 540-0663

**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.

7/17/15  
Date Signed

Deborah L. McAllister  
Signature



**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:

Deborah Linette Walker McAllister

Treasurer Name:

Deborah Linette Walker McAllister

Treasurer Address:

111 Stanford Ave / Apt. 206

(include city, state, & zip)

Burgaw, North Carolina 28425

Treasurer Phone:

910-540-0663

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.

11/11/16  
 Date Signed

Deborah Linette Walker McAllister  
 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