

We 7/16/11

Statement of Organization - Candidate Committee

RECEIVED

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.

AUG 01 2011

1. Committee Information	
a. Full Name Committee to Elect Paxton Galvanek	c. ID Number WAKE CO. BOARD OF ELECTIONS 45-2687297
b. Mailing Address (include City, State and Zip Code) 842 New Charleston Dr. Fuguey-Varina, NC 27526	d. Date Organized 7-6-11 e. Phone Number 800-501-2045

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name Paxton Galvanek	c. Candidate ID Number PJS15S	d. Party Affiliation Nonpartisan
b. Mailing Address (include City, State, and Zip Code) 842 New Charleston Dr. Fuguey-Varina, NC 27526	e. Office Sought Fuguey-Varina Board of Commissioners <i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	f. Jurisdiction FUQ

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Paxton Galvanek	b. Mailing Address (include City, State, and Zip Code) 842 New Charleston Dr. Fuguey-Varina, NC 27526	a. Full Name N/A	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number 800-501-2045 x101	d. Email Address paxton@gwadagency.com	c. Phone Number	d. Email Address

5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	6. Account Information (incl. CRO-3500)		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name N/A	b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name Wachovia	b. Purpose Campaign Bank Account under \$1000	c. Account Code 1	d. Type Checking
c. Phone Number	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.

Paxton Galvanek Printed Name of Signer [Signature] Signature of Appointed Treasurer 7/7/11 Date



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

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 AUG 01 2011
 WAKE CO. BOARD OF ELECTIONS

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: Paxton Galvanek
 Treasurer Name: Paxton Galvanek
 Treasurer Address: 842 New Charleston Dr.
 (include city, state, & zip) Fuquay-Varina, NC 27526

 Treasurer Phone: 800-501-2045 x101

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).

7/7/11
 Date Signed

[Signature]
 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:

Committee to Elect Paxton Galvanek

Treasurer Name:

Paxton Galvanek

Treasurer Address:

842 New Charleston Dr.

(include city, state, & zip)

Rugby - Virginia, NC 27526

Treasurer Phone:

800-501-2045 x101

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.

7/7/11

Date Signed

Signature

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