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Amendment

MAY 5 2011

No

**Statement of Organization - Candidate Committee**

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.

WAKE CO. BOARD OF ELECTIONS

1. Committee Information			
a. Full Name		c. ID Number	
Citizens for Ron Margiotta			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
219 Wendhurst Ct Apex, NC 27502		5/4/2011	
		e. Phone Number	
		919-363-5444	
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Ron Margiotta		non partisan	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
7800 Secluded Acres Rd Apex, NC 27523-5247	Wake County School Board Representative	District 8	
<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	
Sheila Risk			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
219 Wendhurst Ct Apex, NC 27502			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-363-5444	srisk@bellsouth.net		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	
		RBC Centura Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	checking
<b>CERTIFICATION</b>			
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.			
Sheila Risk		Sheila Risk	
Printed Name of Signer		Signature of Appointed Treasurer	
		5/4/2011	
		Date	



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

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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: Ron Margiotta  
 Treasurer Name: Sheila Risk  
 Treasurer Address: 219 Wendhurst Ct  
 (include city, state, & zip) Apex, NC 27502  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 919-363-5444

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).

5/4/2011  
 Date Signed

Ronald A. Margiotta  
 Signature of Candidate

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