



NOTICE OF CANDIDACY
NORTH CAROLINA
PENDER COUNTY

ELECTION GENERAL

ELECTION DATE 11/04/2014

JURISDICTION

JURISDICTION
VALUE

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: 2HL70R

RE: NOTICE OF CANDIDACY FOR OFFICE OF: SOIL AND WATER CONSERVATION DISTRICT SUPERVISOR

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 SOIL AND WATER CONSERVATION DISTRICT SUPERVISOR
in District _____ in the GENERAL Election to be held on 11/04/2014 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

ALEXANDER SLAWUTA

Full Legal Name
22 CAPTAIN BEAM BLVD

Residential Address

HAMPSTEAD, NC 28443

City, State and Zip

(910) 319-0159

Home Phone

Cell Phone

Al Slawuta

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. 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, ALEXANDER SLAWUTA have been duly sworn, hereby state under oath that I have been commonly known by the nickname,
Legal Name
AL for at least five years and request that my name be placed on the ballot as follows:
Nickname
Al Slawuta. In the event that another candidate with the same last name as mine files notice of candidacy for the
Name to Appear on Ballot
same office for which I am a candidate, my name should be listed as follows: Alexander Slawuta (AL)
(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

Alexander Slawuta
Signature of Candidate

06/13/2014

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	c. ID Number
ALEXANDER SLAWUTA	ZHL70R
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
22 CAPTAIN BEAM BLVD. HAMPSTEAD, NC 28443	6/13/14
	e. Phone Number
	910-319-0159

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	6/13/2014		ALEXANDER SLAWUTA

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	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
7. Type of Fund (if applicable, check one)			
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report		10. Special Report Name	

11. Account Information		11. Account Information	
a. Financial Institution Full Name		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.

ALEXANDER SLAWUTA Alexander Slawuta 6/13/14
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received:	6/13/14	Employee:	DB	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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.

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	
ALEXANDER SLAWUTA		ZHL70R	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
22 CAPTAIN BEAM BLVD. HAMPSTEAD, NC 28443		6/13/2014	
		e. Phone Number	
		910 319 0159	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
ALEXANDER SLAWUTA			
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
22 CAPTAIN BEAM BLVD		SOIL & WATER CONSERVATION DISTRICT SUPERVISOR	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
910 319-0159	kana12000@yahoo.com		
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
ALEXANDER SLAWUTA			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
22 CAPTAIN BEAM BLVD HAMPSTEAD, NC 28443			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-319-0159	kana12000@yahoo.com		
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)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.			
ALEXANDER SLAWUTA		6/13/2014	
Printed Name of Signer		Signature of Appointed Treasurer	
		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
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: ALEXANDER SLAWUTA
Treasurer Name: ALEXANDER SLAWUTA
Treasurer Address: 22 CAPTAIN BEAM BLVD
(include city, state, & zip) HAMPSTEAD, NC 28443

Treasurer Phone: 910-319-0159

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).

6/13/2014
Date Signed

Alexander Slawuta
Signature of Candidate

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



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:

AI S/awuta

Treasurer Name:

Treasurer Address:

(include city, state, & zip)

Treasurer Phone:

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.

7/18/2015
Date Signed

[Signature]
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