



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 Al Slawuta
Full Legal Name Name to Appear on Ballot
22 CAPTAIN BEAM BLVD
Residential Address Mailing Address
HAMPSTEAD, NC 28443
City, State and Zip City, State and Zip
(910) 319-0159 _____
Home Phone Cell Phone 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, AL for at least five years and request that my name be placed on the ballot as follows:
Legal Name Nickname
Al Slawuta. 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: Alexander Slawuta (AL)
Name to Appear on Ballot (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 06/13/2014
Signature of Candidate 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.

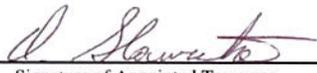
1. Committee Information			
a. Full Name <i>ALEXANDER SLAWUTA</i>		c. ID Number <i>ZHL70R</i>	
b. Mailing Address (include City, State and Zip Code) <i>22 CAPTAIN BEAM BLVD. HAMPSTEAD, NC 28443</i>		d. Date Filed <i>6/13/14</i>	e. Phone Number <i>910-319-0159</i>
2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yy) <i>6/13/2014</i>	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <i>ALEXANDER SLAWUTA</i>
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <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:		State/County <input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
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		b. Purpose	
c. Account Code		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.			
<i>ALEXANDER SLAWUTA</i> Printed Name of Signer		<i>Alexander Slawuta</i> Signature of Appointed Treasurer	<i>6/13/14</i> Date
FOR OFFICE USE ONLY			
Date Received:	<i>6/13/14</i>	Employee:	<i>DB</i>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
<p>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.</p>			

Statement of Organization - Candidate Committee

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> 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		ZHLTOR	
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	koral2000@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	koral2000@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)	
a. Full Name		a. Financial Institution Full Name	b. Purpose
b. Mailing Address (include City, State, and Zip Code)		c. Account Code	d. Type
c. Phone Number	d. Email Address		
<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: Al Slawuta

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

Al Slawuta
 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