

Statement of Organization - Candidate Committee

Is this statement: New Amended

RECEIVED

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

DEC 12 2019

Beaufort County Board of Elections

1. Committee Information	
a. Name of Committee Captainswain for County Commissioners	d. ID Number
b. Mailing Address (include City, State and Zip Code) 419 Waters Road, Pinetown NC 27865	e. Date Organized 12.05.19
c. Committee Website (Optional)	f. Phone Number 252.626.0953

2. Candidate Information			
a. Full Name Galen Matthew Swain		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) 419 Waters Road Pinetown, NC 27865		f. Office Sought County Commissioner	
c. Phone Number 252-626-0953	d. Email Address captaingalen.swain@gmail.com	g. Next Election Year 2020	h. Jurisdiction Beaufort County
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Galen Swain		a. Full Name same	
b. Mailing Address (include City, State, and Zip Code) 419 Waters Road Pinetown, NC 27865		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 026.0953	d. Email Address captaingalen.swain@gmail.com	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Email copy of report notices			

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name same		a. Financial Institution Full Name n/a	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Hazen M. Swain Printed Name of Treasurer Galen M. Swain Signature of Appointed Treasurer 12.12.19 Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

CAPT GALEN SWAIN Printed Name of Candidate Hazen M. Swain Signature of Candidate 12.12.19 Date