Statement of Organization - Candidate Committee

Is this statement: ☑ New ☐ Amended

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.

a. Name of Committee	d. ID Number
Lyman Galloway	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
POBOX 203 Pikeville NC 27863	7-20-23
c. Committee Website (Optional)	**f. Phone Number**
	[redacted]

a. Full Name	e. Party Affiliation
Lyman Galloway	Non Partisan
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
PO BOX 203 Pikeville NC 27863	Pikeville Commissioner
c. Phone Number / **d. Email Address**	**g. Next Election Year** / **h. Jurisdiction**
[redacted]	2023 / Pikeville
☐ Email copy of report notices	

a. Full Name	a. Full Name
Lyman Galloway	
b. Mailing Address (include City, State, and Zip Code)	**b. Mailing Address (include City, State and Zip Code)**
PO BOX 203 Pikeville NC 27863	RECEIVED WCBOE
c. Phone Number / **d. Email Address**	**c. Phone Number** / **d. Email Address**
[redacted]	JUL 20 2023
Send report notices by email ☐ Yes ☐ No	☐ Email copy of report notices

a. Full Name	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number / **d. Email Address**	**b. Account Code** / **c. Type**
☐ 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.

Printed Name of Treasurer	Signature of Appointed Treasurer	Date
Lyman Galloway	[signature]	07-20-23

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.

Printed Name of Candidate	Signature of Candidate	Date
Lyman Galloway	[signature]	07-20-23

NORTH CAROLINA
STATE BOARD OF ELECTIONS

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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Lymen Galloway

Treasurer Name: Lymen Galloway

Treasurer Address: PO Box 203

(include city, state, & zip) Pikeville NC 27863

Treasurer Phone:

Check One:

X 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.

07-20-13
Date Signed

Signature