

AFFIDAVIT TO REQUEST A WAIVER OF CIVIL LATE PENALTIES PAGE 1 OF 2

Mailing Address P.O. Box 27255 Raleigh, NC 27611-7255

Phone (919) 814-0700 or (866) 522-4723

- A political committee or referendum committee requesting a waiver of a civil late penalty under G.S. §163-278.34(a) must complete and file this form with the State Board of Elections. 08 NCAC 21 .0206.
- The form must be filed within 60 days of service of the notice of penalty assessment. 08 NCAC 21 .0206.
- The State Board may waive a late penalty if it determines there is good cause for the waiver. Please include all relevant facts or circumstances on this form. You may attach additional pages if necessary.
- An affidavit is a statement given under oath that its contents are true and accurate. By signing this affidavit form, you swear, under penalty of perjury and other penalties established by North Carolina Law, that the information provided in this affidavit is true, correct, complete, and of your own personal knowledge.
- Please note, this form will be disclosed to the public as provided in the North Carolina Public Records Act.
- The form may be filed by mail to: NC State Board of Elections, PO Box 27255, Raleigh, NC 27611-7255, or by email to campaign.reporting@ncsbe.gov. f you choose file by email, an original signed copy of the form must be retained for at least two years counting from the date of the election to which the late report affects. 08 NCAC 21 .0206.
- nore information, please review 08 NCAC 21, 0206 or visit the State Board of Election's website at www.ncshe.gov

1 Information About You	Name				
	Address				
	City		State	Zip Code	
	E-Mail Address		Telephone Nu	umber	
2		being duly sw	orn, stated:		
Sworn Affidavit	N	ame			
	1. I am over 18 years of age, of sound mind, and I have personal knowledge of the facts stated herei				
	2. I am a resident o	of			
		County and State of Residence			
	3. I am the:	Authorized Candidate for Chair of Secretary of	Treasurei Vice-Chai		
			a of Committee		



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2	4. The committee was assessed a penalty by the North Car	rolina State Board of Elections on			
worn Affidavit Continued)	D. (1) (1)				
continueu	Date of Penalty	Report Year			
	First Quarter Report	Mid-Year Semiannual Report			
	Second Quarter Report	Year-End Semiannual Report			
	Third Quarter Report				
	Fourth Quarter Report	Municipal Report			
	5. On behalf of the committee, I am formally requesting a waiver of the penalty described in paragraph 4.				
	6. Please describe all facts and circumstances you would like the State Board to consider in reviewing your waiver request. Attach additional pages if necessary.				
	7. The facts and circumstances described in this affidavit a	are true and accurate to the			
	7. The facts and circumstances described in this affidavit a best of my knowledge.	are true and accurate to the			
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	best of my knowledge.	are true and accurate to the			
ignature &	best of my knowledge.	are true and accurate to the			
ignature &	X Signature of Affiant				
ignature &	X Signature of Affiant State of North Carolina, County of				
3 Signature & urat	X Signature of Affiant State of North Carolina, County of Sworn to (or affirmed) and subscribed before me,				
ignature &	X Signature of Affiant State of North Carolina, County of Sworn to (or affirmed) and subscribed before me, This day of, 20				
ignature &	X Signature of Affiant State of North Carolina, County of Sworn to (or affirmed) and subscribed before me,				

My Commission Expires_