

Statement of Organization - Candidate Committee

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).

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Committee Information

a. Full Name	c. ID Number
Committee to Elect David Williams Ward 4	QDU190
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
308 6th AVE SW Hickory, NC 28602	7/12/2017
	e. Phone Number
	828-238-7039

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
David Lee Williams	QDU190	Non-Partisan <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
308 6th AVE SW Hickory, NC 28602	Alderman Ward 4	
c. Phone Number	d. Email Address	h. Next Election Year
828-238-7039	citycouncil@dwilliamsforward4.com	2017
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		Hickory

3. Treasurer Information

a. Full Name	a. Full Name
Reginald Leath	N/A
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
3436 Alfalfa ST NE Conover, NC 28613	
c. Phone Number	d. Email Address
828-514-2104	reggie55@charter.net

4. Custodian of Books Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
N/A	
c. Phone Number	d. Email Address

I prefer to receive notices by email

☐ Yes ☐ No

☐ Email copy of notices

5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of notices	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
First Citizens Bank	
b. Purpose	
Campaign Account	
c. Account Code	d. Type
DLW	Checking

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.

David L. Williams

Printed Name of Signer

David L. Williams

Signature of Appointed Treasurer

7-12-17

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 2761-7255
(919) 733-7173

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: David Lee Williams

Treasurer Name: Reginald Leath

Treasurer Address: 3436 Alfalfa ST NE

(include city, state, & zip) Conover, NC 28613

Treasurer Phone: 828-514-2104

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).

7-12-17
Date Signed

David L. Williams
Signature

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



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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: David Lee Williams

Committee Name: Committee to Elect David Williams Ward 4

Treasurer Name: Reginald Leath

If Candidate is own treasurer, designate an agent to carry out designations: N/A

Committee ID#: QDU190

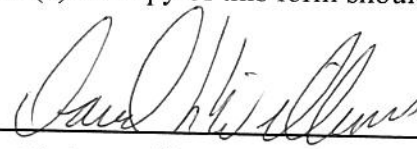
Level Registered: [State] [County] If county, speci Catawba

I, David Lee Williams hereby direct that in the event of my
(Name of Candidate)

death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Hickory Soup Kitchen</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: 

Date: 7-12-17

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