Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment				
Yes	XNo			

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

rmation	THE COUNTY OF				
				c. ID Number	
Committee to Elect Charlotte Williams					
lude City, State and Zip Code)				d. Date Organized	
4320 3rd St NW Hickory, NC 28601				7/5/2019	
				e. Phone Number	
				828-302-3205	
mation			Candi	date's Primary Committee	
		e. Candidate ID Number		f. Party Affiliation	
Charlotte Chun Williams				Non-Partisan (Indicate Non-partican if applicable)	
lude City, State, and Zip Code)				(anatomo real rappitomoto)	
		3			
		18	Alderma	Ward 02	
d. Email Address		h. Next Election Ye	ar	i. Jurisdiction	
ccwilliams2468@gma	il.com			City of Hickory	
notices				,	
mation	W. 1925 181	4. Custodian of	Books In	formation	
		a. Full Name			
Charlotte Chun Williams		N/A			
lude City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)			
4320 3rd St NW Hickory, NC 28601					
d. Email Address		c. Phone Number d. Email Address		ddress	
ccwilliams2468@gma	nil.com				
100000000000000000000000000000000000000	Yes 🔲 No	Email copy	of notic	es	
rer Information	Add	6. Account Information (incl. CRO-3500) Add			
	Remove	a. Financial Institut	tion Full Na	me Remove	
N/A		N/A			
lude City, State, and Zip Code)		b. Purpose		and the second s	
d. Email Address		c. Account Code	d. Type	- 00 7019	
			RV		
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. Charlotte Williams Signature of Appointed Treasurer Date					
	Charlotte Williams Inde City, State and Zip Code) mation iams Inde City, State, and Zip Code) d. Email Address	Charlotte Williams Inde City, State and Zip Code) mation iams Inde City, State, and Zip Code) d. Email Address	Charlotte Williams Inde City, State and Zip Code) mation c. Candidate ID Nu	mation	



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:	Charlotte Chun Williams
Treasurer Name:	Charlotte Chun Williams
Treasurer Address:	4320 3rd St NW
(include city, state, & zip)	Hickory, NC 28601
Treasurer Phone:	828-302-3205

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 05 7019 Date Signed

Signature

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



N@RTH CAROLINA

State Board of Elections & Ethics Enforcement

Certification of Threshold

This Certification is used to delcare or whithdraw 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.

FILED BY:			
Committee Name:	Committee to Elect Charlotte Williams		
Treasurer Name:	Charlotte Chun Williams		
Treasurer Address:	4320 3rd St NW		
(include city, state, & zip)	Hickory, NC 28601		
Treasurer Phone:	828-302-3205		
Election cycle under the puntil the end of the elecitor expenditures during the of elections and file required DISCLAIMER CA	nmittee intends to neither receive nor expend more than \$1,000 during the current procedures set forth in G.S. 163-278.10A. This certification will remain in effect on cycle for this committee. If this committee exceeds \$1,000 in contributions his election cycle, I understand that I just immediately notify the appropriate board ired campaign finance reports. NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain under the \$1,000 threshold. I will now be required to file to for all contributions and expenditures that have not been previously repoerted from		
the beginning of the curre	ent election cycle. I further agreee to file all future reports required.		
07/05/2019	9 Marlota Welle		
Date Stoned	Signature		

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

CRO-3600

Certification of Threshold

July 2014



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).

how the committee's funds	how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).					
Candidate Name:	Charlotte Chun Williams					
Committee Name:	Committee to Elect Charlotte Williams					
Treasurer Name:	Charlotte Chun Williams					
If Candidate is own treasure	If Candidate is own treasurer, designate an agent to carry out designations: Eric Williams					
Committee ID#:	0					
Level Registered:	[State] [County] If county, s	specify: <u>Catawba</u>				
I, Charlotte Chun 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 Plan for Disbursement (eg. Amount or %)						
(Select fr	om §163-278.16B(a))					
1. Habitat of Catawba Co	ounty	100%	_			
2			-			
			_			
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: 27/05/2019						

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