

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 Charlotte Williams					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	
4320 3rd St NW Hickory, NC 28601				7/5/2019	
				e. Phone Number	
				828-302-3205	
2. Candidate Information					
<input type="checkbox"/> Candidate's Primary Committee					
a. Full Name			e. Candidate ID Number		f. Party Affiliation
Charlotte Chun Williams					Non-Partisan
					(Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
4320 3rd St NW Hickory, NC 28601			Alderman Ward 02		
c. Phone Number	d. Email Address		h. Next Election Year		i. Jurisdiction
828-302-3205	ccwilliams2468@gmail.com		2019		City of Hickory
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Charlotte Chun Williams			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
4320 3rd St NW Hickory, NC 28601					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
828-302-3205	ccwilliams2468@gmail.com				
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
N/A			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
<input type="checkbox"/> 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		Charlotte Williams		07/05/19	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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).

07/05/2019
Date Signed

Charlotte Williams
Signature

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



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

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: Charlotte Chun Williams
Committee Name: Committee to Elect Charlotte Williams
Treasurer Name: Charlotte Chun Williams
If Candidate is own treasurer, designate an agent to carry out designations: Eric Williams
Committee ID#: 0
Level Registered: [State] [County] If county, specify: Catawba

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).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Habitat of Catawba County</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: Charlotte Williams
Date: 07/05/2019

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