

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.

1. Committee Information			
a. Name of Committee		d. ID Number	
Bob Williams for Council		3DFE24	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1564 Sand Harbor Circle Ocean Isle Beach, NC 28469		7/17/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-279-5506	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Robert Frederic Williams		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1564 Sand Harbor Circle Ocean Isle Beach, NC 28469		Councilman	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-279-5506	oibbob@gmail.com	2023	Ocean Isle Beach
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Bob Williams			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1564 Sand Harbor Circle Ocean Isle Beach, NC 28469			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-279-5506	oibbob@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Self funded	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

RECEIVED

JUL 17 2023

BRUNSWICK COUNTY
BOARD OF ELECTIONS

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	7/17/23 Date
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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	7/17/23 Date
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