

# 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  
 Yes  No

1. Committee Information	
a. Full Name Frank Williams Committee	c. ID Number
b. Mailing Address (include City, State and Zip Code) P.O. Box 1962, Leland, N.C. 28451	d. Date Organized Aug. 1, 2011
	e. Phone Number 910-520-5159

2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee
a. Full Name Frank Williams	e. Candidate ID Number	f. Party Affiliation Republican <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) P.O. Box 1962, Leland, N.C. 28451	g. Office Sought County Commissioner	
c. Phone Number 910-520-5159	d. Email Address	h. Next Election Year 2012
<input type="checkbox"/> Email copy of notices		i. Jurisdiction Brunswick County

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Greta J. Walker	b. Mailing Address (include City, State, and Zip Code) P.O. Box 1962, Leland, N.C. 28451	a. Full Name Greta J. Walker	b. Mailing Address (include City, State, and Zip Code) P.O. Box 1962, Leland, N.C. 28451
c. Phone Number 910-274-3530	d. Email Address treasurer@votefrankwilliams.com	c. Phone Number 910-274-3530	d. Email Address treasurer@votefrankwilliams.com

I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name Karen Valiquett	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name BB&T	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code) P.O. Box 1962, Leland, N.C. 28451		b. Purpose Primary Checking Account	
c. Phone Number 910-612-8917	d. Email Address	c. Account Code Main	d. Type Checking
<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.

Greta J Walker      [Signature]      8-11  
 Printed Name of Signer      Signature of Appointed Treasurer      Date



# Statement of Organization Addendum

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

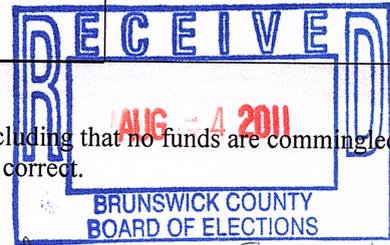
Use this form to supply additional assistant treasurer information or additional account information

This form must be accompanied by form CRO-3500 if additional accounts are being reported

<b>1. Committee Full Name (and Fund if applicable)</b> Frank Williams Committee		<b>2. ID Number</b>	
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name</b> 		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Financial Institution Full Name</b> Wachovia	
<b>b. Mailing Address (include City, State, and Zip Code)</b>		<b>b. Purpose</b> Receive online contributions	
<b>c. Phone Number</b>	<b>d. Email Address</b>	<b>c. Account Code</b> ONLINE	<b>d. Type</b> Deposit
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name</b> 		<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Financial Institution Full Name</b> 	
<b>b. Mailing Address (include City, State, and Zip Code)</b>		<b>b. Purpose</b>	
<b>c. Phone Number</b>	<b>d. Email Address</b>	<b>c. Account Code</b>	<b>d. Type</b>
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name</b> 		<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Financial Institution Full Name</b> 	
<b>b. Mailing Address (include City, State, and Zip Code)</b>		<b>b. Purpose</b>	
<b>c. Phone Number</b>	<b>d. Email Address</b>	<b>c. Account Code</b>	<b>d. Type</b>
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name</b> 		<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Financial Institution Full Name</b> 	
<b>b. Mailing Address (include City, State, and Zip Code)</b>		<b>b. Purpose</b>	
<b>c. Phone Number</b>	<b>d. Email Address</b>	<b>c. Account Code</b>	<b>d. Type</b>
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <i>(incl. CRO-3500)</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Full Name</b> 		<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>a. Financial Institution Full Name</b> 	
<b>b. Mailing Address (include City, State, and Zip Code)</b>		<b>b. Purpose</b>	
<b>c. Phone Number</b>	<b>d. Email Address</b>	<b>c. Account Code</b>	<b>d. Type</b>

**CERTIFICATION**

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.



Greta J Walker  
Printed Name of Signer

[Signature]  
Signature of Appointed Treasurer

8-2-11  
Date