

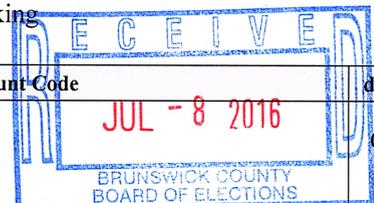
# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

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)

1. Committee Information			
a. Full Name		c. ID Number	
Frank Williams Committee		BRU-988340-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 1962 Leland, NC 28451		8/1/2011	
		e. Phone Number	
		910-604-6510	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		e. Candidate ID Number	f. Party Affiliation
Franklin L. Williams			R
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
PO Box 1962 Leland, NC 28451		County Commissioner, Dist. 5	
910-604-6510	frank@electfrankwilliams.com	h. Next Election Year	i. Jurisdiction
		2016	Brunswick Cty
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Greta Walker		Frank Williams	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 1962. Leland, NC 28451		PO Box 1962 Leland, NC 28451	
910-274-3530	gwalker94@gmail.com	910-604-6510	frank@electfrankwilliams.com
I prefer to receive my notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	d. Type
Keith DeVincentis		BB&T	Checking
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
2028 Colony Pines Drive Leland, NC 28451		Checking	
910-769-1136	kad851@gmail.com	c. Account Code	d. Type
		MAIN	Checking
<input checked="" 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 Walker			7/7/2016
Printed Name of Signer		Signature of Appointed Treasurer	Date



# Statement of Organization Addendum

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>	
a. Full Name <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove Karen Valiquett		a. Financial Institution Full Name <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove Piryx, Inc.	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Credit Card Contributions	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		Online12	Credit Card
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <i>(incl. CRO-3500)</i>	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove Anedot	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Credit Card Contributions	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		ANEDOT	Credit Card
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <i>(incl. CRO-3500)</i>	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<b>3. Assistant Treasurer Information</b>		<b>4. Account Information</b> <i>(incl. CRO-3500)</i>	
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove		a. Financial Institution Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type

## 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 Walker

Printed Name of Signer



Signature of Appointed Treasurer

July 7, 2016

Date