

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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
Frank Williams Committee	BRU-988340-C-001
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
PO Box 1986 Leland, NC 28451	2012
c. Committee Website (Optional)	f. Phone Number
https://frankwilliams.org/	

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Frank Williams		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 1986 Leland, NC 28451		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
		2024	
<input type="checkbox"/> Email copy of report notices			

RECEIVED
 FEB 06 2023
 BRUNSWICK COUNTY
 BOARD OF ELECTIONS

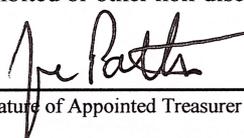
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Joe Patton			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
10633 Summerton Dr. Raleigh, NC 27614			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-349-3911	ecumba@nc.rr.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	
		BB&T	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		Main	Checking
<input type="checkbox"/> Email copy of report notices			

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.

Joe Patton

 Printed Name of Treasurer



 Signature of Appointed Treasurer

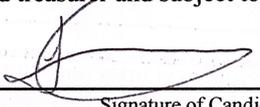
1/12/2023

 Date

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.

Frank Williams

 Printed Name of Candidate



 Signature of Candidate

1/30/2023

 Date