

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		8/1/2011	
c. Committee Website (Optional)		f. Phone Number	
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	Brunswick
<input type="checkbox"/> Email copy of report notices			
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	
		Truist	
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			
<p>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.</p> <p>Joe Patton _____ 2/23/2023 Printed Name of Treasurer Signature of Appointed Treasurer Date</p> <p>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.</p> <p>_____ Printed Name of Candidate Signature of Candidate Date</p>			

RECEIVED

FEC CRO-210043

BRUNSWICK COUNTY BOARD OF ELECTIONS

NC State Board of Elections

November 2019

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Frank Williams Committee				BRU-988340-C-001	
3. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		4. Account Information <i>(incl. CRO-3500)</i>	
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
				Anedot	
b. Mailing Address (include City, State, and Zip Code)				b. Purpose	
				Contributions	
c. Phone Number		d. Email Address		c. Account Code	
				Anedot	
				d. Type	
				CC Contribution	
3. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		4. Account Information <i>(incl. CRO-3500)</i>	
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove		<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	
3. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		4. Account Information <i>(incl. CRO-3500)</i>	
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove		<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	
3. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		4. Account Information <i>(incl. CRO-3500)</i>	
a. Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove		<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.

Joe Patton

Printed Name of Signer



Signature of Appointed Treasurer

2/23/2023

Date