

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 <u>AC Williams</u>		d. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>1008 South Breazeale Avenue Mount Olive NC 28365</u>		e. Date Organized <u>10/06/2025</u>	
c. Committee Website (Optional) <u>N/A</u>		f. Phone Number <u>(919) 429-1158</u>	
2. Candidate Information			
a. Full Name <u>Angela Carlise Williams</u>		e. Party Affiliation <u>NP</u>	
b. Mailing Address (include City, State, and Zip Code) <u>1008 S. Breazeale Ave Mt Olive NC 28365</u>		f. Office Sought <u>Mayor (Town of Mt. Olive)</u>	
c. Phone Number <u>(919) 429-1158</u>	d. Email Address <u>carlease1@yahoo.com</u>	g. Next Election Year <u>2025</u>	h. Jurisdiction <u>Wayne</u>
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name <u>Angela Carlise Williams</u>		a. Full Name <u>N/A</u>	
b. Mailing Address (include City, State, and Zip Code) <u>1008 South Breazeale Avenue Mount Olive NC 28365</u>		b. Mailing Address (include City, State, and Zip Code) <u>Wayne County Board of Elections</u>	
c. Phone Number <u>(919) 429-1158</u>	d. Email Address <u>carlease1@yahoo.com</u>	c. Phone Number <u>919-429-1158</u>	d. Email Address <u>carlease1@yahoo.com</u>
Send report notices by email <input 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 (include CRO-3500)	
a. Full Name <u>Angela Carlise Williams</u>		a. Financial Institution Full Name <u>Sharonview Federal Credit Union</u>	
b. Mailing Address (include City, State, and Zip Code) <u>1008 South Breazeale Avenue Mount Olive NC 28365</u>			
c. Phone Number <u>(919) 429-1158</u>	d. Email Address <u>carlease1@yahoo.com</u>	b. Account Code <u>Mayor 2025</u>	c. Type <u>Savings</u>
<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><u>Angela Carlise Williams</u> Printed Name of Treasurer <u>Angela Carlise Williams</u> Signature of Appointed Treasurer <u>10/06/2025</u> 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><u>Angela Carlise Williams</u> Printed Name of Candidate <u>Angela Carlise Williams</u> Signature of Candidate <u>10/06/2025</u> Date</p>			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:

AC Williams

Treasurer Name:

Angela Carlise Williams

Treasurer Address:

1008 South Breazeale Avenue

(include city, state, & zip)

Mount Olive, NC 28365

Treasurer Phone:

(919) 429-1158

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

~~AC Williams~~ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

10/06/2025

Date Signed

Angela Carlise Williams

Signature