

# 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.

a. Name of Committee		d. ID Number	
THE Committee to re-elect Williams		00036011709	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
143 N Center st Goldsboro NC 27530		12-21-23	
c. Committee Website (Optional)		f. Phone Number	
		919-396-5144	
a. Full Name		e. Party Affiliation	
Antonio Williams		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
143 N Center st Goldsboro NC 27530		Wayne County Comm Dist 2	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-396-5144	Antonio.Williams@waync.org	2024	precinct 17
<input checked="" type="checkbox"/> Email copy of report notices			
a. Full Name		a. Full Name	
Antonio Williams		N/A	
b. Mailing Address (include City, State, and Zip Code)		RECEIVED NCBOE	
Same as Above		N/A JAN 16 2024	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-396-5144		N/A	N/A BY
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
a. Full Name		a. Financial Institution Full Name	
Antonio Williams		Bank of America	
b. Mailing Address (include City, State, and Zip Code)		Clayton NC	
c. Phone Number	d. Email Address	b. Account Code	c. Type
919-396-5144	Antonio.Williams@waync.org		checkings
<input checked="" type="checkbox"/> Email copy of report notices			
1013 AW			
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.			
Antonio Williams		a will	
Printed Name of Treasurer		Signature of Appointed Treasurer	
		12-21-23	
		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.			
Antonio Williams		a will	
Printed Name of Candidate		Signature of Candidate	
		12-21-23	
		Date	



# NORTH CAROLINA

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## 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:

The committee to re-elect Williams

Treasurer Name:

Antonio Williams

Treasurer Address:

143 N center st

(include city, state, & zip)

Goldsboro NC 27530

Treasurer Phone:

919 - 396-5144

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.**

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.

12-21-23

Date Signed

Av will

Signature



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

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

Candidate Name: Antonio Williams  
Committee Name: THE Committee to Re-Elect Williams  
Treasurer Name: Antonio Williams  
If Candidate is own treasurer, designate an agent to carry out designations: Yovonna moore  
Committee ID #: \_\_\_\_\_  
Level Registered: [State] [County] If county, specify: N C Wayne

I, Antonio Williams (Name of Candidate) hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Yovonna moore</u>	<u>100 %</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: antonio will  
Date: 12-21-23