

# 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		00030011709	
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@wayne.gov	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)		b. Mailing Address (include City, State and Zip Code)	
Same as Above		N/A	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-396-5144		N/A	N/A
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Email copy of report notices <input type="checkbox"/>	

  

a. Full Name		a. Financial Institution Full Name	
Antonio Williams		Bank of America	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
Same as Above		Clayton NC	
c. Phone Number	d. Email Address	b. Account Code	c. Type
919-396-5144	Antonio.Williams@wayne.gov	10139W	checking
<input checked="" 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.

Antonio Williams      a will      12-21-23  
 Printed Name of Treasurer      Signature of Appointed Treasurer      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      12-21-23  
 Printed Name of Candidate      Signature of Candidate      Date



# 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: 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

a will

Signature



# NORTH CAROLINA

## 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: Yvonnia Moore

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: NC 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).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Yvonnia 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