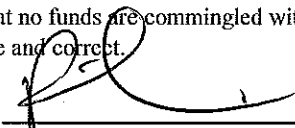


Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name			c. ID Number		
Elect Bob Williams					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
929 Commons Dr. N Jacksonville, NC 28546			July 16, 2013		
			e. Phone Number		
			910-750-1356		
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Bob Williams		THC715		Republican	
				(Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
929 Commons Dr. N Jacksonville, NC 28546		Member - Board of Education			
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction		
910-750-1356	bobwilliams@ electbobwilliams.org	2014	Onslow County		
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Robert E. Williams			Robert E. Williams		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
929 Commons Dr. N Jacksonville, NC 28546			929 Commons Dr. N Jacksonville, NC 28546		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
910-750-1356	bobwilliams@ electbobwilliams.org	910-750-1356	bobwilliams@ electbobwilliams.org		
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name		a. Financial Institution Full Name		b. Purpose	
None		Navy Federal Credit Union		Campaign Finance	
b. Mailing Address (include City, State, and Zip Code)		c. Account Code		d. Type	
		5518		Checking Account	
<input type="checkbox"/> Email copy of notices					
CERTIFICATION					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.					
Robert E. Williams				February 10, 2014	
Printed Name of Signer		Signature of Appointed Treasurer		Date	