

# 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).

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
CAMPAIGN TO ELECT SYLVESTER W. WILLIAMS		SYLBAN	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
404 Sparrells St Durham, NC. 27703		7/15/13	
		e. Phone Number	
		919-596-2682	
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		e. Candidate ID Number	f. Party Affiliation
SYLVESTER WILLIAMS		SYLBAN	NON-PARTISAN
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
404 Sparrells St, 27703		MAYOR	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919-596-2682	SYLBAN@HOTMAIL.COM	2013	Durham County
<input type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
SYLVESTER WILLIAMS		SYLVESTER WILLIAMS	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
404 Sparrells St Durham, NC. 27703		404 Sparrells Street Durham, N.C. 27703	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-596-2682	SYLBAN@HOTMAIL.COM	919-596-2682	SYLBAN@HOTMAIL.COM
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b> (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		checking account to pay all expenses	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		SYLBAN	checking
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
Sylvester Williams		7/19/13	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name:

Sylvester Williams

Treasurer Name:

Sylvester Williams

Treasurer Address:

404 Sparrell St

(include city, state, & zip)

Durham, NC 27703

Treasurer Phone:

919-596-2682

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/19/13  
Date Signed

[Signature]  
Signature of Candidate

**Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.**



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**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 nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Sylvester Williams

Committee Name: CAMPAIGN TO ELECT SYLVESTER WILLIAMS

Treasurer Name: Sylvester Williams

If Candidate is own treasurer, designate an agent to carry out designations: Barbara T. Williams

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

Level Registered: [State] [County] If county, specify: Durham

I, Sylvester Williams, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
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>SA JAME Holiness Church</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: [Signature]

Date: 9/19/13

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.