

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 Will Wilson			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
16 Sunny Oak Pl Durham NC 27712		6/8/2014	
		e. Phone Number	
		919 451 6688	
2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number	f. Party Affiliation
Will Wilson			Non Partisan (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
16 Sunny Oak Pl Durham NC 27712		Soil & Water	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
919 451 6688	willwilson@gmail.com		
<input checked="" type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Will Wilson		IN PERSON	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
16 Sunny Oak Pl Durham NC 27712		JUN 09 2014	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919 451 6688	willwilson@gmail.com		
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)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
<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.			
William Wilson		6/8/	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



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

IN-PERSON
JUN 09 2014
DURHAM BOE

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:

Will Wilson

Treasurer Name:

Will Wilson

Treasurer Address:

16 Sunny Oak Pl

(include city, state, & zip)

Durham NC 27712

Treasurer Phone:

919 451 6688

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).

6/9/14

Date Signed

Will Wilson

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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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.

FILED BY:

Committee Name:

Elect Will Wilson

Treasurer Name:

Will Wilson

Treasurer Address:

16 Sunny Oak Pl

(include city, state, & zip)

Durham NC 27712

Treasurer Phone:

919 451 6688

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.

6/9/14

Date Signed

Will Wilson

Signature

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