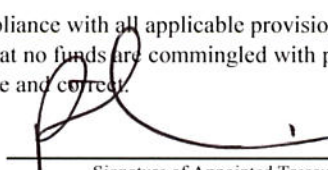


Statement of Organization - Candidate Committee

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			THC 715		
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				Republican <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
929 Commons Dr. N Jacksonville, NC 28546		Council Member - Ward 2			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
910-750-1356	bobwilliams@bobsgraphics.org	2013		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@bobsgraphics.org	910-750-1356	bobwilliams@bobsgraphics.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)		
a. Full Name <input type="checkbox"/> Add <input type="checkbox"/> Remove			a. Financial Institution Full Name <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
None			Navy Federal Credit Union		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Campaign Finance		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
	BY:-----	4283	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				July 16, 2013	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



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

Kim Westbrook Strach
 Executive Director

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

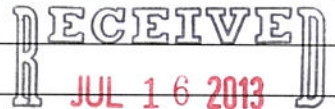
FILED BY:

Candidate Name: Bob Williams

Treasurer Name: Robert E. Williams

Treasurer Address: 929 Commons Dr. N
 (include city, state, & zip) Jacksonville, NC 28546

Treasurer Phone: 910-750-1356



I certify that the above information is correct, and I, as candidate, appoint said ~~treasurer to personally fulfill~~ ^{BY:} 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).

July 16, 2013
 Date Signed

Signature of Candidate

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



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

Kim Westbrook Strach
 Executive Director

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

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 Bob Williams
 Treasurer Name: Robert E. Williams
 Treasurer Address: 929 Commons Dr. N
 (include city, state, & zip) Jacksonville, NC 28546

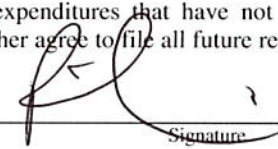
 Treasurer Phone: 910-750-1356 BY: _____



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.

July 16, 2013
 Date Signed


 Signature

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