

# Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input type="checkbox"/> 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.

1. Committee Information	
a. Name of Committee Marshall 4 Mayor (Maverick United)	d. ID Number
b. Mailing Address (include City, State and Zip Code) PO BOX 14223 Durham, NC, 27709	e. Date Organized 7/31/23
c. Committee Website (Optional)	f. Phone Number (919) 627-8874

2. Candidate Information			
a. Full Name Marshall O'Neil Williams Jr.		e. Party Affiliation Democratic	
b. Mailing Address (include City, State, and Zip Code) PO BOX 14223 Durham, NC, 27709		f. Office Sought Mayor	
c. Phone Number	d. Email Address Marshall@maverickinnovation.io	g. Next Election Year 2023	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Marshall O'Neil Williams Jr.		a. Full Name Erik White	
b. Mailing Address (include City, State, and Zip Code) PO BOX 14223 Durham, NC, 27709		b. Mailing Address (include City, State and Zip Code) 86 Blue Hills Parkway Milton, MA 02186	
c. Phone Number (919) 698 5273	d. Email Address marshall@maverickinnovation.io	c. Phone Number (857) 2042871	d. Email Address erik.white.b@gmail.com
<input checked="" type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name Bank of America	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code M1	c. Type Checking
<input 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.

Marshall Williams Printed Name of Treasurer      [Signature] Signature of Appointed Treasurer      7/31/23 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.

Marshall Williams Printed Name of Candidate      [Signature] Signature of Candidate      7/31/23 Date