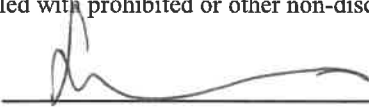
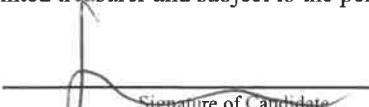


Statement of Organization - Candidate Committee

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 CAMPAIGN TO ELECT SYLVESTER W. Williams		d. ID Number 12345	
b. Mailing Address (include City, State and Zip Code) 404 Sparella Street, Durham, N.C. 27703		e. Date Organized 7/16/23	
c. Committee Website (Optional)		f. Phone Number 919-695-6679	
2. Candidate Information			
a. Full Name SYLVESTER Williams		e. Party Affiliation Independent	
b. Mailing Address (include City, State, and Zip Code) 404 Sparella St Durham, N.C. 27703		f. Office Sought MAYOR	
c. Phone Number 919-695-6679	d. Email Address SYLBAR@HOTMAIL.COM <input type="checkbox"/> Email copy of report notices	g. Next Election Year 2023	h. Jurisdiction
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name SYLVESTER Williams		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 404 Sparella St Durham, N.C. 27703		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 919-695-6679	d. Email Address SYLBAR@HOTMAIL.COM <input type="checkbox"/> Email copy of report notices	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name SYLVESTER Williams		a. Financial Institution Full Name IN PERSON	
b. Mailing Address (include City, State, and Zip Code) 404 Sparella St Durham, N.C. 27703		JUL 17 2023	
c. Phone Number 919-695-6679	d. Email Address SYLBAR@HOTMAIL.COM <input type="checkbox"/> Email copy of report notices	b. Account Code	c. Type DURHAM BOE
<p>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.</p> <p> <u>Sylvester Williams</u>  <u>7-16-23</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p>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.</p> <p> <u>Sylvester Williams</u>  <u>7/16/23</u> Printed Name of Candidate Signature of Candidate Date </p>			