Statement of Organization - Candidate Committee

Is	this	statement:	
	New	☐ Amended	

Use this form to create a new or update an existing candidate		fan anak a -	
This form must be accompanied by form CRO-3500. An ame 1. Committee Information	naea form is required	for each ne	w election year.
a. Name of Committee			d. ID Number
CAMPAIGN TO ELECT STUESTED Williams			1234-
b. Mailing Address (include City, State and Zip Code)			e. Date Organized
b. Mailing Address (include City, State and Zip Code) 404 5/6 rell 6 5+ce+ 0 0 c. Committee Websit (Optional)	rham, n.C.	2703	7/16/23
C. Committee website (Optional)			
			919-695-6679
2. Candidate Information			
a. Full Name	e. Party Affiliation		
SYLUGSTER Williams	Indepe	nden	1
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
4 64 Sparella St			
c. Phone Number d. Email Address	MAY	011	
Physica Number d. Email Address			urisdiction
	g. Next Election Year	п. л	urisaledon
919-695-664 SYCBARD HOT mail con	5 00 7		
☐ Email copy of report notices	2023		
3. Treasurer Information	4. Assistant Treasu	rer Inform:	ation
a. Full Name	a. Full Name		
SYCUESTER W. I. ams			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (incl	nde City, Stat	te and Zin Code)
tou sparella St			and Lip Code)
i) whom NeC > 703 c. Phone Number d. Email Address			
c. Phone Number d. Email Address	c. Phone Number	l. Email Addr	ress
914-698-667 SYLBAM @ HOTMAIL. CUM			
Send report notices by email Yes No	☐ Email copy of re	ort notices	
Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records)	6. Account Informa	tion (incl	I. CRO-3500)
Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records) a. Full Name	the second secon	tion (incl	
Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records) a. Full Name	6. Account Informa	tion (incl	I. CRO-3500)
Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records) a. Full Name SULUSTAN (I.G.) b. Mailing Address (include City, State, and Zip Code)	6. Account Informa	tion (incl	
Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records) a. Full Name SULUSTAN (I.G.) b. Mailing Address (include City, State, and Zip Code)	6. Account Informa	tion (incl	I. CRO-3500)
Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records) a. Full Name SULUSIBL W. (I. Gn.) b. Mailing Address (include City, State, and Zip Code) Yel Sparwa St	6. Account Informa	tion (incl	IN PERSON
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Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records) a. Full Name SULESTAL W. (I. G. M.) b. Mailing Address (include City, State, and Zip Code) Yes Sparen St C. Phone Number d. Email Address Q G - 695 - 46 M S + CBAROHOT MAIL-CON	6. Account Informa a. Financial Institution F	tion (incl Full Name	IN PERSON
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Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records) a. Full Name SULESTAN W. (GM) b. Mailing Address (include City, State, and Zip Code) Yel Sparent of St Or Ann N.C. 2770 c. Phone Number d. Email Address Q G - 695 - 464 S - CBAROHOT MAIL-CON Email copy of report notices	6. Account Informa a. Financial Institution F	tion (incl full Name	IN PERSON JUL 1.7 2023 DURHAM BOE
Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records) a. Full Name SULUSTAN W. (GM) b. Mailing Address (include City, State, and Zip Code) Yes Sparent a St C. Phone Number d. Email Address Q G - GS - GB S CBARBUST MAIL - CON Email copy of report notices I certify that the Committee is in compliance with all applic	6. Account Informa a. Financial Institution F b. Account Code able provisions of Articles	tion (incl full Name	JUL 1.7 2023 DURHAM BOE Chapter 163 of the NC
Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records) a. Full Name SULUSTAN U. (. an) b. Mailing Address (include City, State, and Zip Code) YES SPACH A ST C. Phone Number d. Email Address Q G - G - G - G - G - G - G - G - G - G	6. Account Informa a. Financial Institution F b. Account Code able provisions of Articles	tion (incl full Name	JUL 1-7 2023 DURHAM BOE Chapter 163 of the NC
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Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records) a. Full Name SULUSTAN WILLIAM b. Mailing Address (include City, State, and Zip Code) Yes Sparent a St C. Phone Number d. Email Address G. G	b. Account Informa a. Financial Institution F b. Account Code able provisions of Arthhibited or other non-d mature of Appointed Treasu	tion (incl full Name . Type icle 22A of lisclosed fur	JUL 1.7 2023 DURHAM BOE Chapter 163 of the NC ands. I further certify that 1 - / - / 3 Date
Send report notices by email Yes No 5. Custodian of Books Information (Keeper of Records) a. Full Name SULUSTAN WALL GRAD b. Mailing Address (include City, State, and Zip Code) YOU SPACE A ST C. Phone Number d. Email Address Q G.	6. Account Informa a. Financial Institution F b. Account Code able provisions of Art hibited or other non-d mature of Appointed Trease	tion (incl rull Name Type icle 22A of hisclosed fun arer treasurer to	JUL 1.7 2023 DURHAM BOE Chapter 163 of the NC ands. I further certify that 1 - 1 - 23 Date Description of the NC and a second of the
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JAN 27 2025

Disclosure Report C	over		Amendment Ves	□ No
Use this form for general repo		, must be signed and si		
Do not use this form to update				
1. Committee Information				982岁出
a. Full Name	men <u>anan menanganan, minintengkan in</u> dibahan sebapaha <u>n</u> an papamakan da dibahkir di Wilderberman, n B		c. ID Number	
CAMPAIEN TO Eloca Sylvesh William				
b. Mailing Address (include City, S	- A A B B B B B B B B B B B B B B B B B		d. Date Filed	
YU Sparella	St		7-17-	27
Durhan, n.c	27705		e. Phone Number	
			919-695	
2. Report Year 3. Period Sta	rt Date (mm/dd/yy) 4. Perioc	End Date (mm/dd/yy)	5. Treasurer Full Name	
2017 7/16	27 7	16/23	SYLVESTEN Willi	
6. Type of Committee (Check			type of report from one categories	ory)
Candidate Campaign P		State/County	Referendum	
	eferendum	Secondary Co.	1== -	
= · · -	oint Fundraiser	· I ·	Pre-referendum	
Legal Expense Fund	Pre-primary			
	Pre-election			inal
7. Type of Fund . (if applicab		Thir		
Booster Fund	Semi-annua	al 🔲 Four	th Special	
Building Fund	Mid Y	ear Semi-ann		
	Year I	End Mid	Year 10. Special Repo	rt Name
Other:	Final	Year Year	End	
8. Number of Fundraisers th	s Report Special	Final		
		Special		
11. Account Information		11. Account Inform	nation	Shirt and the
. Financial Institution Full Name		a. Financial Institution		
	manager on the second		(s) - u	
	14. 40.	1.7		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
		IN PERS	ON	
		_		
	d. Period Begin Balance	JUL 1:7 2	d. Period Begin Bala	ance
	\$	JOL 1.4 Z	\$	
CERTIFICATION		District		
of the NC General Statutes and		ith prohibited or other no	OF 22A, 22B & 22D-22M of Chr. disclosed funds. I further certiful Elections.	
Printed Name of Si	gner S	Signature of Appointed Trea	surer Date	
FOR OFFICE USE ONLY	1283	100	59	
Date Received:		loyee:	Delivery Method Normal Mail	
Date Postmarked:	Етр	loyee:	Registered Mail Hand Delivered	
Date Scanned:	Emp	loyee:	☐ Electronically Fil	ed
Date Data Entered:	Emp	loyee:	Signer has not rec	
assista	int treasurer, custodian of boo	oks information, or acc		easurer,
You must amen	d the Statement of Organizat	ion (CRO-2100A-E) to	make committee changes.	
CRO-1000		loard of Elections		August 2008

IN-PERSON

JAN 27 2025



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	s are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).	.,			
	at the Board of Elections office where the committee's campaign reports are file				
Candidate Name:	Sylvester Williams comprised to Elect Sylvester Will				
Committee Name:	CAMPAIAN TO Elect Sylvester Will	(m)			
Treasurer Name:	Sylvester Wills am,				
If Candidate is own tre	easurer, designate an agent to carry out designations: Barhara U	Allian			
Committee ID #:	12745				
Level Registered:	[State] [County] If county, specify: 1) Urham				
(Name of Candidate funds remaining in my debts or reasonable ex	hereby direct that in the event of my death or incapacity and by Campaign Committee account(s) (after payment of permitted outstar expenses for winding up the Committee or closing office) be paid in permitted by N.C. Gen. Stat. 163-278.16B(a).	nding			
	of Entity Plan for Disbursement (eg. Amount or % §163-278.16B(a))	<u>(0)</u>			
1. The Assembly	At Durhan Chromicenter 100°) o				
2.					
3.					
	I certify that the foregoing entities are eligible beneficiaries under N.C 16B(a). A copy of this form should be maintained with the Committee				
Signature of Candidate	te:				
Date:	ne: 10 - 16 - 23 IN PER	SON			
	JUL 17	2023			
IN-PERSON	DURHAM	IBOE			
CRO-39DAN 2 7 2025		JUL			



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.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	-	∞	r ~	. 15	
Committee Name:	CAMPSIGN	10 bleu	- Sylvesta	William	
Treasurer Name:	Sylveste W	Miami	L.		
Treasurer Address:	YOU Spar	ulla A	reet		
(include city, state, & zip)	CAMPAIGN PO GLOUT Sylvestr bullion Sylvestr Williams 404 Sparella Areet Ourhan, N.C. 27763				
Treasurer Phone:	919-695-	1679			
election cycle under the pro until the end of the election	nittee intends to neither receive cedures set forth in G.S. 163-2 cycle for this committee. If the ction cycle, I understand that I campaign finance reports.	278.10A. This certinis committee exceed	fication will rema ds \$1,000 in contr	in in effect ributions or	
	N ONLY BE MADE AT THE	BEGINNING OF A	N ELECTION C	YCLE.	
to file the next scheduled	Certification to remain at or ur report for all contributions a of the current election cycle. I	nd expenditures that	at have not been	previously	
16 23 Date Signed			Signature		
IN-P	ERSON			IN PERSON	
Ha.					

JUL 1 7 2023

DURHAM BOE

JAN 27 2025

CRO-3600

Durham County B@Ertification of Threshold