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Statement of Organization - Candidate Committee

AUG 05 2011

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. WAKE CO. BOARD OF ELECTIONS

1. Committee Information

a. Full Name	c. ID Number
Committee to Elect Randal Williams	CJSFY2
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
210 N. Person Street Raleigh, NC 27601	8/2/11
	e. Phone Number
	(919)280-9184

2. Candidate Information  Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
Randal Williams	CJSFY2	Non-Partisan
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
210 N. Person Street Raleigh, NC 27601	Mayor of Raleigh	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)	c. Phone Number	d. Email Address
Howard Kenneth Dickson Jr. Ken DIXON			

4. Custodian of Books Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)	c. Phone Number	d. Email Address

5. Assistant Treasurer Information  Add  Remove

a. Full Name	b. Mailing Address (include City, State, and Zip Code)	c. Phone Number	d. Email Address

6. Account Information (incl. CRO-3500)  Add  Remove

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Type
	Campaign Funds		checking

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.

Ken Dixon  
Printed Name of Signer

Ken Dixon  
Signature of Appointed Treasurer

8/2/11  
Date



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

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WAKE CO. BOARD OF ELECTIONS

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: Randall Williams

Treasurer Name: Ken ~~Dixon~~ Dickson

Treasurer Address: 8600 Timberwood Drive

(include city, state, & zip) Raleigh, NC 27615

Treasurer Phone: \_\_\_\_\_

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).

8/2/11

Date Signed

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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**Candidate Designation of Committee Funds**

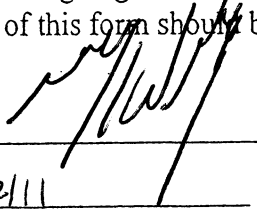
This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Randall Williams  
 Committee Name: Committee to Elect Randall Williams  
 Treasurer Name: Ken Dixon D. Dixon  
 If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_  
 Committee ID #: \_\_\_\_\_  
 Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Randall Williams, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
 funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. _____	_____
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:   
 Date: 8/2/11

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