

# Statement of Organization - Candidate Committee

is this statement:



New



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.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Moving Forward with Alyce			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
8611 Concord Mills Blvd. #154 Concord, NC 28027		7/18/2025	
c. Committee Website (Optional)		f. Phone Number	
		704-443-8824	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Alyce K. Williams		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
8611 Concord Mills Blvd. #154 Concord, NC 28027		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-443-8824	movingforwardwithalyce@gmail.com	2025	City of Concord
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
Send report notices by email		<input type="checkbox"/> Email copy of report notices	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
N/A		Truist	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		0	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.			
Printed Name of Treasurer		Signature of Appointed Treasurer	
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.			
Printed Name of Candidate		Signature of Candidate	
Alyce K. Williams			
Date		7/28/2025	

CABARRUS COUNTY  
BOARD OF ELECTIONS

JUL 28 2025

RECEIVED