

# 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 <u>The Committee to Elect Mishell Williams</u>		d. ID Number	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
c. Committee Website (Optional) <u>www.voteMishell.com</u>		f. Phone Number	
<b>2. Candidate Information</b>			
a. Full Name <u>Mishell Williams</u>		e. Party Affiliation <u>Dem</u>	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought <u>School Board</u>	
c. Phone Number	d. Email Address <u>MishellWilliams2@gmail.com</u>	g. Next Election Year <u>2026</u>	h. Jurisdiction <u>Cabarrus County</u>
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name <u>Mishell Williams</u>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address <u>MishellWilliams2@gmail.com</u>	c. Phone Number	d. Email Address
<input type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<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 <u>Truist</u> <u>MW</u>	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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.

<u>Mishell Williams</u> Printed Name of Treasurer	<u>Mishell Williams</u> Signature of Appointed Treasurer	<u>8/22/25</u> Date
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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.

<u>Mishell Williams</u> Printed Name of Candidate	<u>Mishell Williams</u> Signature of Candidate	<u>8/22/25</u> Date
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