

# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

1. Committee Information			
a. Full Name		c. ID Number	
Bill Stanley Committee			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
Bill Stanley Committee 21 Valle Vista Drive Asheville, NC 28804			
		e. Phone Number	
		(828) 254-4925	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Bill Stanley			Democrat
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
21 Valle Vista Drive Asheville, NC 28804		Commissioner	Buncombe County
		<i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Alexis Williams			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
185 Biltmore Ave Asheville, NC 28801			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(828) 254-0918	genellie.bellsouth.net		
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
Bill Stanley		The Bank of Asheville	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
21 Valle Vista Dr Asheville, NC 28804			
c. Phone Number	d. Email Address	c. Account Code	d. Type
254-4925		0120081922	Classic 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.			
Alexis Williams		Alexis Williams	
Printed Name of Signer		Signature of Appointed Treasurer	
		2-4-08	
		Date	