## Statement of Organization - Candidate Committee 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 (when a

Amendment □ No

Yes	
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This form must be	accompanied by forms C	KO-3100 and C	RO-3500 (when am	ending, onl	ly re-submit if applicable).	
1. Committee Info	rmation					
a. Full Name					c. ID Number	
	ttee To Elect Sh		3			
b. Mailing Address (include City, State and Zip Code)					d. Date Organized	
Р О Вох	· · · ·		IN PER	SON		
Durham	NC 27702		DEC 11	2015	e. Phone Number	
2. Candidate Infor	matian	· <u> </u>	DURHAM		ate's Primary Committee	
a. Full Name	Mauvi		e. Candidate ID Num		f. Party Affiliation	
300 A 1042 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			t. Canutuate 12	Der	I. Party Alimanon	
Sharon	A. Davis				(Indicate Non-partisan if applicable	
b. Mailing Address (inc	clude City, State, and Zip Co	de)	g. Office Sought			
913 Garcia Ave			Register o	of		
Durham c. Phone Number	NC 27704 d. Email Address		* * * * * * * * * * * * * * * * * * *	l:		
			h. Next Election Year		. Jurisdiction	
919-257-7808 Email copy of n	committeetoele	ctsharonday	is 2016	5	Durham	
3. Treasurer Infor			14 Custodian of R	and Infor	24.2	
a. Full Name	Matte	<u>,</u>	4. Custodian of Books Information			
Sharon A. Davis			Sharon A. Davis			
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)			
P O Box 3475, Durham NC 27704			P O Box 3475, Durham NC 27704			
c. Phone Number	d. Email Address		c. Phone Number	d. Email Ac	ddress	
919-257-7808	same as above	2	919 <b>-</b> 257-780	ok sa	ame as above	
I prefer to receive	notices by email		<b>▼</b> Email copy of notices			
5. Assistant Treasu	rer Information	X Add	6. Account Information (incl. CRO-3500) X Add			
a. Full Name		Remove	a. Financial Institution		Remove	
	Henders		SunTri	ust	Bank	
b. Mailing Address (incl	lude City, State, and Zip Cod	le)	b. Purpose			
4107ま	celandism	بع		<del></del>		
Durhan	n NC 2016	Z¢.		<u></u>		
c. Phone Number	d. Email Address		c. Account Code	d. Type		
919-810-1982	<del>-</del> 0	msn.com	2839	Bus	iness Checking	
Email copy of						
CERTIFICATION		32 24			· · · · · · · · · · · · · · · · · · ·	
Chapter 163 of the	ommittee or rund is in co	ompliance with a	Il applicable provisi	ions of Arti	icle 22A, 22B & 22D-22M of	
I further certify the	at this report is complete,	d that no runds at	re commingied with	prohibited	l or other non-disclosed funds.	
~~\	it tills report is complete,	, true and correct.		\	: ~ 11 10	
Sharer	A Davi	$S = \bigcup_{Sior}$	nature of Appointed Treas	tues	$\frac{12 \cdot 11 \cdot 1}{\text{Date}}$	
Timoo	r Name of Signer	Sign	lature of Appointed Treas	surer	Date	