Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment ☐ Yes ☐ No

This form must be	accompanied by forms	CRO-3100 and CI	RO-3500 (when an	nending, on	ly re-submit if applicable).
1. Committee Info	ormation		DESCRIPTION OF THE PERSON NAMED IN		
a. Full Name					c. ID Number
Shea	Ramise 3	for	Mayor		
b. Mailing Address (in	clude City, State and Zip C	Code)	- 1		d. Date Organized
1058	W. Club	Blud	Office	Area	416/17
	te 225				
2. Candidate Information			OF SELECTION	Candida	ite's Primary Committee
a. Full Name			e. Candidate ID Nur		f. Party Affiliation
Kershem	ia La-Shea	Ramirez			Mon-Partisan (Indicate Non-partisan if applicable)
			0		
Office Are	club Blvd. a 2 Snite	27701 225 Wham Mc	May	05	
Phone Number	d. Email Address		h. Next Election Yea	r i	. Jurisdiction
□ Email copy of r	Shearamire	20 yehos.	on 201	7	Durhan
A 77			A Custodian of l	Rooks Infor	mation
Treasurer Information 4. Custodian of Books Information Full Name a. Full Name				mation	
Kershe	nia Rar	niraz		10.40	
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
same					
c. Phone Number	d. Email Address		c. Phone Number	J. F	APR 0 7 2017
Same		,	c. Fnone Number	d. Email A	DURHAM BOE
I prefer to receive	e notices by email	Yes No	☐ Email copy	of notices	
5. Assistant Treasurer Information			6. Account Information (incl. CRO-3500) Add		
a. Full Name		Remove	a. Financial Institution	on Full Name	Remove
Same			Wells	Fa	rgo Bank
b. Mailing Address (in	clude City, State, and Zip C	Code)	b. Purpose		
Same			Campa	igne	account
c. Phone Number	d. Email Address		c. Account Code	a. Type	o cabang t
Same	Sam	٤	SR 44	CI	recking
Email copy of notices 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.					
Printe	ed Name of Signer	Sign	nature of Appointed Tre	easurer	Date