## **Statement of Organization - Candidate Committee**

Amei	ndment		
	Yes	$\boxtimes$	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	(when amending, only re-submit if applicable)
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1. Committee Information								
a. Full Name	a. Full Name				er			
PIERCE FREELON FOR DURHAM								
b. Mailing Address (include Cit	ty, State and Zip C		201	d. Date Organized				
P.O. Box 247	IN PERSON APR 1 3 2017		4/5/2017					
Durham, NC 27702			3 2017	e. Phone Number				
				919-609-8123				
		DURHA	M BOE	E				
2. Candidate Information	1			s Primary Committee				
a. Full Name			e. Candidate ID Number		f. Party Affiliation			
Pierce Freelon			Non Partisan					
b. Mailing Address (include Cit	ty, State, and Zip (	Code)	g. Office Sought					
208 W. Markham Ave.								
Durham, NC 27701			MAYOR					
c. Phone Number	d. Email Addres	s						
919-609-8123	Pierce@freelo	onformayor.com	h. Next Election Year 2017		i. Jurisdiction			
Mr. 11					Durham			
Email copy of notices  3. Treasurer Information	A CONTRACTOR		4. Custodian of Books Information					
a. Full Name			a. Full Name					
Alicia M. Davis			Alicia M. Davis					
Alicia IVI. Davis			Allela W. Davis					
b. Mailing Address (include Ci	ty, State, and Zip	Code)	b. Mailing Address (include City, State, and Zip Code)					
2608 Penfold Lane			2608 Penfold Lane					
Wake Forest, NC 27587			Wake Forest, NC 27587					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address				
919-339-8679	Alicia@freelo	nformayor.com	919-339-8679	Alicia@freelonformayor.com				
I prefer to receive my noti	ces by email	Yes No	Email copy of notices					
5. Assistant Treasurer In	formation	Add	6. Account Information (incl. CRO-3500) Add					
a. Full Name		Remove	a. Financial Institution Full Nat	me	Remove			
Joshua Vincent			Bank of America					
b. Mailing Address (include Ci	ity, State, and Zip	Code)	b. Purpose					
1713 Avondale Drive			Account for Receipts and Expenditures					
Durham, NC 27701								
c. Phone Number	d. Email Address		c. Account Code		d. Type			
919-609-8123	Josh@freelonformayor.com		PFOI		Checking			
☐ Email copy of notices								
CERTIFICATION								
I certify that the Committe 163 of the NC General Sta that this report is complete	atutes and that n	o funds are commir	l applicable provisions of Art ngled with prohibited or othe	ticle 22A, 22 r non-disclo	2b, & 22D-22M of Chapter sed funds. I further certify			
Alicia M. Davis								
Printed Name of Signer Signature of Appointed Treasurer Date								