## **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 CRO-3500 (when amending, only re-submit if applicable).			
1. Committee Information			
a. Full Name	c. ID Number		
Committee to Elect Cole-McFall			
b. Mailing Address (include City, State and Zip Code)	1	d. Date Organized	
P.O. Box 11061 Durham, NC 24112-9998			
2 1 1 2 2006		e. Phone Number	
Durhan, NC 27112-7998			
2. Candidate Information		andidate's Primary Committee	
a. Full Name	e. Candidate ID Number	f. Party Affiliation	
Cora Cole-McFadden		Non-Partisan (Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought		
5613 Old Well Street	Mayor		
c . Phone Number d. Email Address	h. Next Election Year	i. Jurisdiction	
	n. Next Election Tear	0	
(919)417-895 africancora@anl.com	1 011	City of Durham	
☑ Email copy of notices	2011	City or a griding	
3. Treasurer Information	4. Custodian of Book	s Information	
a. Full Name	a. Full Name		
Jessica Unitor			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (includ	le City, State, and Zip Code)	
1543 Raven Wood Drive Creed moor, NC 27522			
c. Phone Number d. Email Address	c. Phone Number d. 1	Email Address	
(919)529-239 ilin/22/oyahoo.com			
I prefer to receive hotices by email Yes No	Email copy of n	otices	
5. Assistant Treasurer Information Add	6. Account Informati	on (incl. CRO-3500) Add	
a. Full Name Remove	a. Financial Institution Fu	Il Name Remove	
Lori McFadder			
b. Mailing Address (include City, State, and Zip Code)	b. Purpose		
24/12 #212 n		IN PERSON	
Chimney Ridge Place 21113		JAN 0 3 2017	
c. Phone Number d. Email Address	c. Account Code d.	Туре	
919949-6811 Lymofadder @gnail.com		DURHAM BOE	
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.  1-3-2017			
Printed Name of Signer  Signature of Appointed Treasurer  Date			
		// (/ <b>////</b> )	