

Statement of Organization - Candidate Committee


Is this statement: <input type="checkbox"/> New <input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.


This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Committee to Elect Nate Baker			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
609 N. Roxboro St. Durham, NC 27701			
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Rebecca Hoeffler Nathaniel Baker		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
609 N. Roxboro St. Durham, NC 27701		Durham Board of County Commissioners	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919 208 4482	nbb290cornellie du	2020	Durham County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Rebecca Hoeffler			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2103 Natar Ave. Durham, NC 27708			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(908) 370-5228	rebecca.hoeffler@duke.edu		
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		IN PERSON	
b. Mailing Address (include City, State, and Zip Code)		DEC 30 2019	
		DURHAM BOE	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

<u>Rebecca Hoeffler</u> Printed Name of Treasurer	 Signature of Appointed Treasurer
_____ Date	12/30/19 Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

<u>Nate Baker</u> Printed Name of Candidate	 Signature of Candidate
_____ Date	12/26/2019 Date