



MAY 26 2023

Statement of Organization - Candidate Committee

Is this statement: <input type="checkbox"/> New <input checked="" type="checkbox"/> Amended	DURHAM BOE
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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	
Shanetta 4 Durham			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 13416, Durham, NC 27709		01/26/2023	
c. Committee Website (Optional)		f. Phone Number	
Shanetta4Durham.com		919-695-2266	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Shanetta Burris		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 13416, Durham, NC 27709		City Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-695-2266	shanetta4durham@gmail.com	2023	Durham
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Amechi Nwosu			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO Box 13416, Durham, NC 27709			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-949-5575	acnwosu@gmail.com		
Send report notices by email <input checked="" 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	
		Fifth Third Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		BCSB01	Checking
<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.			
Amechi Nwosu _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	
		4/24/2023 _____ 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.			
Shanetta Burris _____ Printed Name of Candidate		 _____ Signature of Candidate	
		4/24/2023 _____ Date	