Statement of Organization - Candidate Committee 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 a

Amendment No No Yes

	e accompanied by forms CRO-3100 and C	CRO-3500 (when an	nending, onl	ly re-submit if applicable).	
1. Committee Info	ormation				
a. Full Name				c. ID Number	
4					
JAMEK	A CABALLERO PARA	DURTTAN	1		
b. Mailing Address (in	nclude City, State and Zip Code)			d. Date Organized	
506 ENGLENCOD AVENUE		INP	PERSON	N 2/4/19	
DURKIA	M, NC 27701	FEB	2 7 2019	e. Phone Number	
	1,1000		2 / 2019	984-377-3138	
2 Cardidate Info		DURIN		.0.	
2. Candidate Infor	rmation			nte's Primary Committee	
		e. Candidate ID Nun	nber	f. Party Affiliation	
100	DRA JANERA				
A ddropp (in	PORT EVO nclude City, State, and Zip Code)			(Indicate Non-partisan if applicable	
		g. Office Sought			
	ELLEWOOD AVENUE				
	PM. NC 27701				
c . Phone Number	d. Email Address	h. Next Election Year	ir i.	. Jurisdiction	
				V 11-12-11-11-11-11-11-11-11-11-11-11-11-1	
☐Email copy of n	notices	7			
3. Treasurer Infor	mation	4. Custodian of B	Books Infor	mation	
a. Full Name		a. Full Name			
ILTANNA	DURANTE				
h. Mailing Address (in	clude City, State, and Zip Code)	b. Mailing Address (i	Include City, 5	State and Zin Code)	
1904 COLE MILL RD., #103		D. Hannig radio (-	Melauc Cay, C	tate, and Zip Code)	
DUPHE	AM, NC 27712	1			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Ad		
	Igdurante o gmail. Con		d. Eman Au	Idress	
719-5995116	19awante agri minea	۲,			
I prefer to receive	e notices by email Yes No	TE-sil conv	1 4 200		
5. Assistant Treasu		© Email copy			
5. Assistant 1 reasu a. Full Name		6. Account Inform		ncl. CRO-3500) Add	
. Full Name	Remove	a. Financial Institutio	n Full Name	Remove	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
	-				
. Phone Number	d. Email Address	c. Account Code	d. Type		
1	1				
☐ Email copy of		1			
CERTIFICATION					
I certify that the Co	Committee or Fund is in compliance with	all applicable provis	sions of Arti	cle 22A, 22B & 22D-22M of	
Chapter 163 of the	e NC General Statutes and that no funds a	are commingled with	h prohibited	or other non-disclosed funds.	
I further certify the	at this report is complete, true and correc	et.	50 L	E-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S	
1000	c OA			r 1	
Litania	DIRGINE Z	anina lu	Dante	2/27/19	
Printed	d Name of Signer Sig	gnature of Appointed Trea	asurer	Date	
	*	<u> </u>			