

# 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	
Javiera for Mayor		3CL398	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
506 Englewood Ave, Durham, NC 27701		08/12/2021	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Alejandra Javiera Caballero		Non- Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
506 Englewood Ave Durham, NC 27701		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
984-329-5990	javieraformayor@gmail.com	2021	Durham Municipal
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Phil Seib			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
618 East Hammond St Durham, NC 27704			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-696-4932	phil4Javiera@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	
		Latino Community Credit Union	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		C&R01	Checking
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>Phil Seib _____ 8/25/2021                  Printed Name of Treasurer Signature of Appointed Treasurer Date</p> <p>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.</p> <p>_____                  Printed Name of Candidate Signature of Candidate Date</p>			

IN PERSON  
 AUG 25 2021  
 DURHAM BOE