

Statement of Organization - Candidate Committee

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

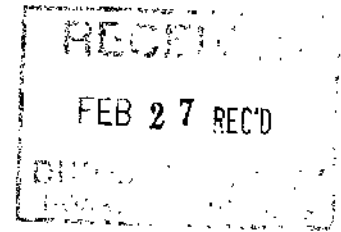
This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

a. Full Name ELECT ANITA DANIELS FOR COUNTY COMMISSIONER		c. ID Number ACLOAD	
b. Mailing Address (Include City, State, and Zip Code) ELECT ANITA DANIELS P.O. Box 51068 Durham, NC 27717-1068		d. Date Organized 2/16/2012	
		e. Phone Number 919.564.9360	
a. Full Name ANITA ANTOINETTE DANIELS-kenney		b. Candidate ID Number	c. Party Affiliation DEMOCRAT <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (Include City, State, and Zip Code) 102 NUTTREE WAY DURHAM, NC 27713		g. Office Sought COUNTY COMMISSIONER	
f. Phone Number 919.564.9360	h. Email Address danielsforcommissioner@comad.com	i. Next Election Year 2012	j. Jurisdiction DURHAM COUNTY
<input checked="" type="checkbox"/> Email copy of notices			
a. Full Name LOUITA A. WYNN		b. Full Name	
b. Mailing Address (Include City, State, and Zip Code) LA WYNN, PA P.O. BOX 80072 RALEIGH, NC 27623		c. Mailing Address (Include City, State, and Zip Code)	
c. Phone Number 919.423.9399	d. Email Address lawynnpa@nc.rr.com	e. Phone Number	f. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
a. Full Name		b. Financial Institution Full Name SunTrust	
b. Mailing Address (Include City, State, and Zip Code) REC'D FEB 27 2012		c. Purpose Campaign	
c. Phone Number	d. Email Address DURHAM COUNTY BOARD OF ELECTIONS	e. Account Code	f. Type Checking
<input type="checkbox"/> 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.			
LOUITA A. WYNN <small>Printed Name of Signer</small>		<i>Louita A. Wynn</i> 2/26/2012 <small>Signature of Appointed Treasurer</small> Date	



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603



Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
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 (919) 733-7173
 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: ANITA DANIELS
 Treasurer Name: LOLITA A. WYNN
 Treasurer Address: LA WYNN, PA
 (include city, state, & zip) P.O. BOX 80072
 RALEIGH, NC 27623
 Treasurer Phone: 919.423.9399

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

February 21, 2012
 Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.