## **Statement of Organization - Candidate Committee**

Is this sta	atem	ent:	
New	V	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.	This form must be accompanied by	v form CRO-3500. An amended	d form is required for each new election year.
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this form must be accompanied by form CCO-3300. An amended form is required for each new election year.					
1. Committee Information					
a. Name of Committee  ELECT Anita Daniels For County Commung	d. ID Number ACLOAU				
h Mailing Address (include City State and Zin Code)	e. Date Organized				
Elect Aviita Daniels 102 Nuttree Way	3 2.16.2012				
c. Committee Website (Optional)	f. Phone Number				
		919.564.9360			
2. Candidate Information					
a. Full Name	e. Party Affiliation				
Anita Antoinette Daniels-Kennex	Democrat				
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought				
Durham, NC 27713	County Commissioner				
c . Phone Number d. Email Address	g. Next Election Year	h. Jurisdiction			
9195649360 adanielscalumni.unc.edu	2012.	Dwham County			
3. Treasurer Information	4. Assistant Treasurer In	formation			
a. Full Name Anita Antoinette Daniels Kenney	a. Full Name				
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)				
Nating Address (include City, State, and Zip Code)  102 Nuttvee Way  5. Mailing Address (include City, State and Zip Code)  5. Mailing Address (include City, State and Zip Code)					
c. Phone Number d. Email Address	c. Phone Number d. Ema	il Address			
9195649360 adanielscalumni. unc.edu	C. I HOME IVARIOUT	ii Audi ess			
Send report notices by email  Yes  No	☐ Email copy of report n	otices			
5. Custodian of Books Information (Keeper of Records)	6. Account Information				
a, Full Name	a. Financial Institution Full Na				
IN PERS	Truist (formerly Sun Trust)				
b. Mailing Address (include City, State, and Zip Code)		,			
DURHAM BOT					
c. Phone Number d. Email Address	b. Account Code c. Type				
	<b>!</b>	neckina			
■ Email copy of report notices		7			
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.  Anita Antowelle Daniel Kenney  Printed Name of Treasurer  Signature of Appointed Treasurer  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.					
Printed Name of Candidate Signature of Candidate Date					