

Statement of Organization - Candidate Committee

Is this statement:
[checked] New [ ] 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: Bree L. Davis for Mayor of Durham
b. Mailing Address: P.O. Box 3303
c. Committee Website: www.DavisforDurham.com
d. ID Number
e. Date Organized: 7.26.2021
f. Phone Number: 919-672-2121

2. Candidate Information
a. Full Name: Sabrina Lynn Davis
b. Mailing Address: P.O. Box 3303 Durham, NC 27702
c. Phone Number: 919-672-2121
d. Email Address: breehdavis11@icloud.com
e. Party Affiliation: Republican
f. Office Sought: Mayor of Durham
g. Next Election Year: 202
h. Jurisdiction: Durham Co.
[checked] Email copy of report notices

3. Treasurer Information
a. Full Name: Sabrina Lynn Davis
b. Mailing Address: P.O. Box 3303 Durham, NC 27702
c. Phone Number: 919-672-2121
d. Email Address: breehdavis11@icloud.com
Send report notices by email [checked] Yes [ ] No

4. Assistant Treasurer Information
a. Full Name
b. Mailing Address
c. Phone Number
d. Email Address
[ ] Email copy of report notices

5. Custodian of Books Information (Keeper of Records)
a. Full Name: Sabrina Lynn Davis
b. Mailing Address: P.O. Box 3303 Durham, NC 27702
c. Phone Number: 919-672-2121
d. Email Address: breehdavis11@icloud.com
[checked] Email copy of report notices

6. Account Information (incl. CRO-3500)
a. Financial Institution Full Name: Lincoln Savings Bank
b. Account Code
c. Type

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.
Printed Name of Treasurer: Sabrina Davis
Signature of Appointed Treasurer: [Signature]
Date: 8.2.2021

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: Sabrina "Bree" Davis
Signature of Candidate: [Signature]
Date: 8.2.2021

IN PERSON
AUG 02 2021
DURHAM BOE



# NORTH CAROLINA STATE BOARD OF ELECTIONS

## Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Sabrina "Bree" Davis

Committee Name: Bree L. Davis for Mayor of Durham

Treasurer Name: Sabrina "Bree" Davis

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Sabrina "Bree" Davis, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Bree L. Davis for Mayor Durham</u>	<u>Return to Donors</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

Date: 8.2.2021

IN PERSON  
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