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

Is	s this	statement:
	Nev	Amended

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

Use this form to create a new of update an existing candid				
This form must be accompanied by form CRO-3500. An a	mended form is required for each new election year.			
1. Committee Information				
a. Name of Committee	d. ID Number			
b. Mailing Address (include City, State and Zip Code)	e			
b. Mailing Address (include City, State and Zip Code)	e. Date Organized			
1119 Clarendon St 7	1 -ha NC 2700 8/01/21			
III Clarendon 3	Durham, N.C 27705 8/61/21			
c. Committee Website (Optional)	f. Phone Number			
2. Candidate Information				
a. Full Name	D. A. LOTT A			
	e. Party Affiliation			
b. Mailing Address (include City, State, and Zip Code)	Den			
h. Mailing Address (include City State and Zin Code)				
b. Mailing Address (include City, State, and Zip Code)    1119	i. Office Sought			
Durh	cu			
1119 Clarendon D MCZ	770 City Pounal			
c . Phone Number d. Email Address	a Next Florien Year h Jurisdiction			
	g. Next Election / ear			
914-308-9619				
☐ Email copy of report notices	- 202/ I			
3. Treasurer Information	4. Assistant Treasurer Information			
a. Full Name	a. Full Name			
a. Puli Name	a. run Name			
11) ilda Fynna				
b. Mailing Address (include City, State, and Zip Code)	h Mailing Address Grahada City State and The Cada			
1// 0/ /	b. Mailing Address (include City, State and Zip Code)			
119 Clarendon				
Durham NC 27705				
Durham NC 27705 c. Phone Number d. Email Address	c. Phone Number d. Email Address			
d. Email Address	d. Email Address			
914-308-9619				
Send report notices by email Yes No	☐ Email copy of report notices			
5. Custodian of Books Information (Keeper of Records				
a, Full Name	a. Financial Institution Full Name			
1.	a. Financial Institution Full Name			
b. Mailing Address (include City, State, and Zip Code)	2			
b. Mailing Address (include City, State, and Zin Code)	IN-PERSON			
1110010 1 54				
1119 Clarendon St	IAN 2 4 200=			
Durham NC 27705	JAN 3 1 2025			
c. Phone Number d. Email Address	b. Account Code To Type			
	b. Account Code Dufflam County BOE			
☐ Email copy of report notices				
I certify that the Committee is in compliance with all appr	clicable provisions of Article 22A of Chapter 163 of the NC			
	prohibited or other non-disclosed funds. I further certify that			
	promoted of other non-disclosed funds. I further certify that			
this report is complete, true and correct.				
100 do Fenner 10000 Homes 1131/25				
Printed Name of Treasurer Signature of Appointed Treasurer Date				
Date 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.				
1 ) alla Fenne Walde Long 1/31/25				
Printed Name of Candidate  Printed Name of Candidate  Printed Name of Candidate  Printed Name of Candidate				