

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" 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
Committee to Elect Pablo Friedmann	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
1929 Chapel Hill Road, Durham, NC 27707	07/18/2025
c. Committee Website (Optional)	f. Phone Number

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Pablo Friedmann		Unaffiliated	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1929 Chapel Hill Road Durham, NC 27707		City of Durham Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
	community@pablofriedmann.com	2025	City of Durham
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Pablo Friedmann			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1929 Chapel Hill Road Durham, NC 27707			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
	community@pablofriedmann.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	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
			JUL 31 2025 Durham County BOE
<input type="checkbox"/> Email copy of report notices			

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.

Pablo Friedmann Printed Name of Treasurer
 [Signature] Signature of Appointed Treasurer
 07/31/2025 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.

Pablo Friedmann Printed Name of Candidate
 [Signature] Signature of Candidate
 07/31/2025 Date