

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" 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	
Brenda Howerton For County Commissioner			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
P.O. Box 13338 Research Triangle Park		12-13-23	
c. Committee Website (Optional)		f. Phone Number	
Brenda Howerton For County Commissioner		919-544-8213	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Brenda Howerton		Dem	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-544-8213		2024	
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Aleccia Sutton			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
5902 Tattersall Dr APT 27, Durham, NC 27713			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-697558	alecciasutton@gmail.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	
		IN PERSON	
b. Mailing Address (include City, State, and Zip Code)		DEC 15 2023	
		DURHAM BOE	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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.			
Aleccia Sutton		12/13/23	
Printed Name of Treasurer		Date	
		Signature of Appointed Treasurer	
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	