

Statement of Organization - Candidate Committee

Is this statement:
 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 Committee to Elect Daryl Payton	d. ID Number
b. Mailing Address (include City, State and Zip Code) 724 Wellingham Drive Durham NC 27713	e. Date Organized 12-15-2023
c. Committee Website (Optional)	f. Phone Number

2. Candidate Information	
a. Full Name Daryl Payton	e. Party Affiliation
b. Mailing Address (include City, State, and Zip Code) 724 Wellingham Drive Durham NC 27713	f. Office Sought Board of Commissioners
c. Phone Number 919 627 7796	d. Email Address dpay1911@outlook.com
<input checked="" type="checkbox"/> Email copy of report notices	
g. Next Election Year 2024	h. Jurisdiction

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Camillia Faust	b. Mailing Address (include City, State, and Zip Code) 310 W. Enterprise St	a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number 919-599-6106	d. Email Address fcamilliafaust@aol.com	c. Phone Number	d. Email Address
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 Camillia Faust	b. Mailing Address (include City, State, and Zip Code) 310 W. Enterprise St.	a. Financial Institution Full Name SECU	
c. Phone Number 919 599 6106	d. Email Address fcamilliafaust@aol.com	b. Account Code 724	c. Type Checking
<input checked="" 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.

Camillia Faust Camillia Faust 12/21/2023
 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.

Daryl Payton [Signature] 12/21/2023
 Printed Name of Candidate Signature of Candidate Date