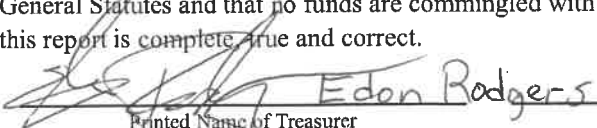
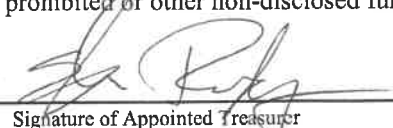
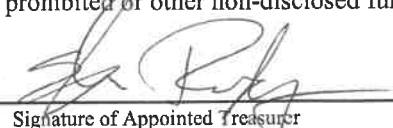
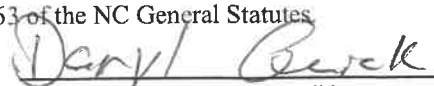




Statement of Organization - Candidate Committee

| | |
|------------------------------|----------------------------------|
| Is this statement: | |
| <input 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 | |
| Daryl Quick For Mayor | | | |
| b. Mailing Address (include City, State and Zip Code) | | e. Date Organized | |
| 303 Red Oak ave Durham NC 27707 | | 8-11-21 | |
| c. Committee Website (Optional) | | f. Phone Number | |
| | | 919-672-5276 | |
| 2. Candidate Information | | | |
| a. Full Name | | e. Party Affiliation | |
| Daryl Quick | | Democrat | |
| b. Mailing Address (include City, State, and Zip Code) | | f. Office Sought | |
| 303 Red Oak ave Durham NC 27707 | | MAYOR | |
| c. Phone Number | | g. Next Election Year | |
| 919-672-5276 | | AUG 24 2021 | |
| d. Email Address | | h. Jurisdiction | |
| daryl.quick4mayor@gmail.com | | DURHAM BOE | |
| <input type="checkbox"/> Email copy of report notices | | | |
| 3. Treasurer Information | | 4. Assistant Treasurer Information | |
| a. Full Name | | a. Full Name | |
| Edon Terrelle Rodgers | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State and Zip Code) | |
| 3901 White Kestrel Drive Raleigh, NC 27616 | | | |
| c. Phone Number | | c. Phone Number | |
| (919) 622-6880 | | | |
| d. Email Address | | d. Email Address | |
| edonrodgers@att.net | | | |
| 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 | |
| Edon Terrelle Rodgers | | | |
| b. Mailing Address (include City, State, and Zip Code) | | | |
| 3901 White Kestrel Drive Raleigh, NC 27616 | | | |
| c. Phone Number | | b. Account Code | |
| 919-622-6880 | | | |
| d. Email Address | | c. Type | |
| edonrodgers@att.net | | | |
| <input checked="" type="checkbox"/> Email copy of report notices | | | |
| <p>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.</p> <p>  Edon Rodgers  </p> <p> Printed Name of Treasurer: Edon Rodgers Date: 8/20/2021 </p> <p> Signature of Appointed Treasurer:  </p> <p> 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. </p> <p>   </p> <p> Printed Name of Candidate: Daryl Quick Date: 8-20-21 </p> <p> Signature of Candidate:  </p> | | | |