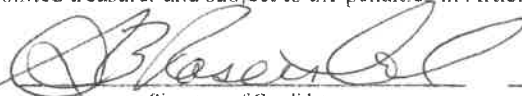


# Statement of Organization - Candidate Committee

<b>Is this statement:</b>	
<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.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Sherri Zann Rosenthal for Council			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2205 Wilson Street		3/20/23	
c. Committee Website (Optional)		f. Phone Number	
		919-949-6514	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Sherri Zann Rosenthal		Democratic	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2205 Wilson Street, Durham, NC 27705		At-Large City Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-949-6514	sherrizann@gmail.com		
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	d. Email Address	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	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
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
<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>			
_____		_____	
Printed Name of Treasurer		Signature of Appointed Treasurer	
<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>			
_____		_____	
Printed Name of Candidate		Signature of Candidate	
Sherri Zann Rosenthal			
		3/20/23	
		Date	

**IN PERSON**  
**MAR 20 2023**  
**DURHAM BOE**