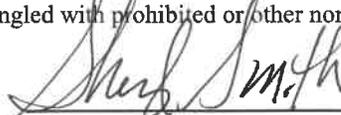
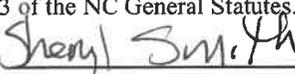
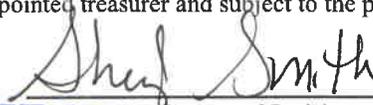


Statement of Organization - Candidate Committee

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 Committee to Elect Sheryl Smith for ward 1		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 4801 Roxboro St. Durham N.C. 27704		e. Date Organized 7-25-2025	
c. Committee Website (Optional)		f. Phone Number 919-937-0368	
2. Candidate Information			
a. Full Name Sheryl Marie Smith		e. Party Affiliation Unaffiliated	
b. Mailing Address (include City, State, and Zip Code) 4801 N. Roxboro St.		f. Office Sought Ward 1	
c. Phone Number 919-937-0368	d. Email Address sherylsmith14@gmail.com	g. Next Election Year 2025	h. Jurisdiction Durham County
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name Sheryl Smith		a. Full Name Same	
b. Mailing Address (include City, State, and Zip Code) 4801 N. Roxboro St Durham NC 27704		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 919-937-0368	d. Email Address sherylsmith14@gmail.com	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name Same		a. Financial Institution Full Name Trust	
b. Mailing Address (include City, State, and Zip Code) Same			
c. Phone Number 919-937-0368	d. Email Address sherylsmith14@gmail.com	b. Account Code 7-17-1964	c. Type Checking
<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>   7-25-2025 </p> <p> Printed Name of Treasurer Signature of Appointed Treasurer Date </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>   7-25-2025 </p> <p> Printed Name of Candidate Signature of Candidate Date </p>			

JUL 25 2025

DURHAM BOE