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: Steve Unruhe 4 Durham Schools	d. ID Number:
b. Mailing Address (include City, State and Zip Code): 3413 Kerrigan Ct.	e. Date Organized: 11/2/15
c. Committee Website (Optional):	f. Phone Number: 919-225-6632

2. Candidate Information

a. Full Name: Steve W. Unruhe	e. Party Affiliation: Non-partisan
b. Mailing Address (include City, State, and Zip Code): 1101 Minerva Avenue, Durham, NC, 27701-2002	f. Office Sought: Durham County School Board-At Large Member
c. Phone Number: 919-417-0795 / d. Email Address: hookunruhe@gmail.com	g. Next Election Year: / h. Jurisdiction: Durham, NC
☐ Email copy of report notices	

3. Treasurer Information

a. Full Name: Emily Chavez	
b. Mailing Address (include City, State, and Zip Code): 3413 Kerrigan Ct.	
c. Phone Number: 919-225-6632	d. Email Address: emilyschavez@gmail.com
Send report notices by email ☒ Yes ☐ No	

4. Assistant Treasurer Information

a. Full Name: n/a	
b. Mailing Address (include City, State and Zip Code):	
c. Phone Number:	d. Email Address:
☐ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

a. Full Name: Emily Chavez	
b. Mailing Address (include City, State, and Zip Code): 3413 Kerrigan Ct.	
c. Phone Number: 919-225-6632	d. Email Address: emilyschavez@gmail.com
☒ Email copy of report notices	

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name:	
b. Account Code:	c. Type:

IN-PERSON
JUN 27 2025
Durham County BOE

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.

Emily Chávez — Printed Name of Treasurer
Signature of Appointed Treasurer
6/27/2025 — 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.

Printed Name of Candidate — Signature of Candidate — Date