

# 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.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Committee to elect Stephen Valentine for Durham County Commissioner		93-4681267	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
P.O. Box 18088 Raleigh, NC 27619		12-4-2023	
c. Committee Website (Optional)		f. Phone Number	
		IN PERSON	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Stephen J. Valentine		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1115 Golden Crest Dr. Durham, NC 27704		DURHAM BOE Durham County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919 323 1108	ValentineSJ1969@gmail	2024	Durham
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
ART Goudy			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
PO Box 18088 Raleigh, NC 27619			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919 510 5105	Art@compassconsulting.net		
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	
		Truist	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
		1911	
c. Phone Number	d. Email Address	c. Type	
		checking	
<input 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.			
_____ 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.			
_____ Stephen J. Valentine Printed Name of Candidate		_____ Stephen J. Valentine Signature of Candidate	
		_____ 12/12/2023 Date	