## **Statement of Organization - Candidate Committee**Use this form to create a new or update an existing candidate committee.

Amendment	
✓ Yes	No No

This form must be 1. Committee Inf	accompanied by forms CRO-3100 and	CRO-3500 (when an	nending, only r	e-submit if a	applicable)		
a. Full Name	ormation			c. ID Numbe	r		
LeVon 4 Durham				9CWRK			
warmer of Art Committee and the State State of the	nclude City, State and Zip Code)			d. Date Orga	nized		
200 Mahone Street Apt. 20 Durham, NC 27713			7/28/2017				
Durnam, NC 27713					e. Phone Number		
				<b>МИМИВЕНТИБИЛИМИН ТОВИТИТЕ</b>			
					524-6695		
2. Candidate Info	rmation			s Primary Co			
a. Full Name		e. Candidate ID Number		f. Party Affiliation			
LeVon Barnes					Democrat		
20 VOIT BUTTIOS						olicable)	
b. Mailing Address (i	nclude City, State, and Zip Code)	g. Office Sought					
200 Mahone St. Apt 20 Durham, NC 27713		Durham County Board of Commissioners					
c . Phone Number	d. Email Address	h. Next Election Yea	ır i. Ju	urisdiction			
347-524-6695	barnes147@aol.com						
Email copy of		2020	2020 Wa		ard 2		
3. Treasurer Info		4. Custodian of l	Books Informa	ation			
a. Full Name		a. Full Name					
Lolita Wynn		Lolita Wynn					
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)					
5850 Fayetteville Road Suite 206 Durham, NC 27713		5850 Fayetteville Road Suite 206 Durham, NC 27713					
c. Phone Number	d. Email Address	c. Phone Number	c. Phone Number d. Email Address				
	COMPANY OF THE PROPERTY OF THE PARTY OF THE	man man man in a 1 CK v and					
919-973-0714	lolita@lawynnpa.com	919-973-0714					
THE RESIDENCE OF THE PARTY OF T		No Email copy			II -1		
	surer Information Add	6. Account Information (incl. CRO-3500)   a. Financial Institution Full Name Remove					
a. Full Name	Remove		on ruii Name		Remov	е	
Shatoria Parrish		Wells Fargo					
o. Mailing Address (ir	clude City, State, and Zip Code)	b. Purpose					
5850 Fayetteville Road Suite 206 Durham, NC 27713		Account for campaign receipts expenditures MAII					
c. Phone Number	d. Email Address	c. Account Code	d. Type	SEP 0 ;		03	
040 070 0744							
919-973-0714	shatoria.parrish@lawynnpa.com	1	Checking DURHAM		HAM		
Email copy CERTIFICATIO						_	
I certify that the Chapter 163 of the I further certify to L	Committee or Fund is in compliance with the NC General Statutes and that no fund that this report is complete, true and corruption.	ds are commingled wi	ith prohibited o				
Print	red Name of Signer	Signature of Appointed 7r	reasurer	7	Date !		