## **Statement of Organization - Candidate Committee**

Is this statement:					
N	ew 📑	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		d. ID Number			
Committee to Elect Patrick Byker			84-4108408		
b. Mailing Address (include City, State and Zip Code)			e. Date Organized		
2614 Stuart Dr. Durham NC 27707			1/2/2020		
c. Committee Website (Optional)			f. Phone Number		
by keto progress. com			919-590-0384		
2. Candidate Information					
a. Full Name	e. Party Affiliation				
Padrick L. Byker	Democrat				
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought				
2014 Stuart Dr.	County Commissioner				
Durham, NC 27707					
c . Phone Number d. Email Address			Jurisdiction		
919-590-0314 Phylamone. cr. com			Dur ham		
☐ Email copy of report notices			County		
3. Treasurer Information	4. Assistant Treasu	rer Infort			
a. Full Name	a. Full Name				
Ananda M. Ghosh					
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)				
1807 House Ave. NC 27707	175-	·	<u>.</u>		
c. Phone Number d. Email Address	c. Phone Number	d. Email Ad	dress		
919-536-9898 ananda. ghosh@1.com					
Send report notices by email Yes No	☐ Email copy of report notices				
5. Custodian of Books Information (Keeper of Records)	6. Account Information (incl. CRO-3500)				
a. Full Name	a, Financial Institution Full Name				
Patrick L. Bylur	Sun Trust (now Truist)				
b. Mailing Address (include City, State, and Zip Code)					
2614 Stuart Dr.					
Durham NC 27707					
c. Phone Number d. Email Address	b. Account Code	c. Type			
919-590-0394 phykers nc. rr. con					
☐ Email copy of report notices	001	camp	ougn account		
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  Signuture 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 2000 pter 163 of the NC General Statutes.  PATHICK L. BYIKER					
Printed Name of Candidate Signature of Candidate JAN 2 Date					