Statement of Organization - Candidate Committee

Is this st	atem	ent:	
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			d. ID Number			
Tental Duncton City Zen's	Mayon					
b. Mailing Address (include City, State and Zip Code)		e. Date Organized				
Jon the Dunston Citizen's b. Mailing Address (include City, State and Zip Code) 1304 COTART State of Dune		7/20/2023				
c. Committee Website (Optional)	f. Phone Number					
NA						
2. Candidate Information						
a. Full Name	e. Party Affiliation					
Tooler Danielm	T 1 . 1 +					
Don tae Dunstm b. Mailing Address (include City, State, and Zip Code)	I wole pendent f. Office Sought					
b. Wanning Address (include City, State, and Zip Code)	i. Office Sought					
1364 cont street Durkhon. N-6 c. Phone Number d. Email Address	MAyon					
	g. Next Election Year	h. Ju	risdiction			
919824-9967 J Depotection sve 6 gmass.						
	A Assistant Ton	Twee	45			
3. Treasurer Information a. Full Name	4. Assistant Treasu a. Full Name	irer informa	UOB			
- 1 A 1	/					
I on the Dunston	NA					
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)					
1304 Con April Ameet Dunkom c. Phone Number d. Email Address	c. Phone Number d. Email Address					
c. Phone Number d. Email Address	c. Phone Number	d. Email Addr	ess			
919-824-9967 IDprotection Ste. Commel.	919					
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	"IV PERCA			
b. Mailing Address (include City, State, and Zip Code)	N/4		IN PERSON			
b. Mailing Address (include City, State, and Zip Code)			JUL			
1304 MART Anaet Dunton M.C.	n/a		JUL 2 8 2023 DURHAM BOE			
c. Phone Number d. Email Address	b. Account Code	c. Type	M BOF			
919-824-9967						
☐ Email copy of report notices	NA	N/2				
		·				
I certify that the Committee is in compliance with all applic						
General Statutes and that no funds are commingled with pro-	hibited or other non-	disclosed fur	nds. I further certify that			
this report is complete, true and correct.		1				
Jonton Down Hunston Jon Ino Down 11-11 July 12823						
Printed Name of Treasurer Sig	nature of Appointed Treas	surer	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.						
Intae Devon Dunt forthe Seron Contact July 28/2025						
Printed Name of Candidate	Signature of Candidate		/ Date /			