Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accommanied by forms CRO 2100 and CRO 2500 (c)

Ame	ndment		
	Yes	\boxtimes	No

his for	n must be acc	ompanied b	y form	s CRO)-31	100 and	CRO-3500	(when	amending,	only	y re-subm	it if a	appli	cable)
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1. Committee Informati	on							
a. Full Name				c. ID Numbe	er			
COMMITTEE TO ELECT ANTONIO JONES								
b. Mailing Address (include C	ity State and Zin Co.	da)	VPERSON	d. Date Orga	unico d			
3002 CARDINAL LAK		ue)	JAN 2 a a	d. Date Orga	inized			
DURHAM, NC 27704	E DRIVE		V PERSON JAN 2 6 2018	1/24/2018				
1000		DU	RHAM BOE	e. Phone Number				
				919 225-6483				
2. Candidate Information	on		Candidate's P	nittee				
a. Full Name			e. Candidate ID Number	f. Party Affiliation				
ANTONIO JONES				NON-PARTISAN				
b. Mailing Address (include C	ity, State, and Zip Co	de)	g. Office Sought					
3002 CARDINAL LAKE	E DRIVE							
DURHAM, NC 27704			SCHOOL BOARD-DISTR	RICT 4				
c. Phone Number	d. Email Address							
919 225-6483		OLBOARD2018	h. Next Election Year		i. Jurisdiction			
The second secon	@GMAIL.CO			DISTRICT 4				
Email copy of notices			16	e ara element a resultant				
3. Treasurer Informatio	n		4. Custodian of Books Information					
a. Full Name			a. Full Name					
ANTONIO JONES			SAME					
b. Mailing Address (include C	ity, State, and Zip Co	de)	b. Mailing Address (include City, State, and Zip Code)					
3002 CARDINAL LAKE	EDRIVE		SAME					
DURHAM, NC 27704								
c. Phone Number	d. Email Address		c. Phone Number					
919 225 6483	ANTONIO.JON	ES2@YAHOO.COM	SAME					
I prefer to receive my noti	ces by email	Yes No	☐ Email copy of notices					
5. Assistant Treasurer In	iformation	Add	6. Account Information (incl. CRO-3500) Add					
a. Full Name		Remove	a. Financial Institution Full Name Remove					
			SUNTRUST BANK					
b. Mailing Address (include City, State, and Zip Code)			b. Purpose					
			CHECKING ACCOUNT FOR COMMITTEE					
c. Phone Number d. Email Address			c. Account Code		d. Type			
			AJ-100		CHECKING			
CERTIFICATION								
I certify that the Committee	nd that no funds ar	mpliance with all applic e commingled with pro	cable provisions of Article 22 ohibited or other non-disclose	2A, 22b, & 22 ed funds. I fur	D-22M of Chapter 163 of ther certify that this			
Antonio S	04 85		14/2		1-26-18			
Printed Name of Signer Signature of Appointed Treasurer Date								