Statement of Organization - Party Committee

Ame	endme	nt
	Yes	□ No

Use this form to create a new or update an existing party committee.

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)							
1. Committee Information							
a. Full Name		c. ID Number					
African American Caucus Durham County							
b. Mailing Address (in		d. Date Organized					
POROX 5		1/15/2015					
POBOX 51471 Durham, NC 27717				e. Phone Number			
				919-428-5568			
2. Party Informati	on						
a. Type		b. Party Name					
☐ Executive			Democratic Party				
✓ Affiliated (Caucus) Subordinate	ı	Democratic Party					
3. Treasurer Infor	mation	4. Custodian of Books Information					
a. Full Name		a. Full Name					
DeDreana Freeman		Nikki Liles					
b. Mailing Address (in	clude City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)					
PO BOX 5	1471	PO BOX 5 1471					
Dirhon	NC27717	Durnam, NC 27717					
c. Phone Number d. Email Address		c. Phone Number	d. Email Address				
919-886-5448	aacdcdp@gmail.com	919-428-5568	68 president.aacdcdp@gmail.com				
I prefer to receive	notices by email 🗹 Yes 🔲 No	☑ Email copy of notices					
5. Assistant Treasi	arer Information	6. Account Information (incl. CRO-3500)					
a. Full Name	Remove	a. Financial Institution Full Name					
b. Mailing Address (in	clude City, State, and Zip Code)	b. Purpose					
		">- "=					
c. Phone Number	d. Email Address	c. Account Code	d. Type				
Email copy of 1	notices	1					
CERTIFICATION							
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.							
Wel Trooman 2013/2023							
Printed Name of Signer Signature of Appointed Treasurer Date							

CRO-2100C

NC State Board of Elections

May 2016

IN PERSON

JUL 0 7 2023