Statement of Organization - Candidate Committee

Is	this	statem	ent:	
\square	Nev		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.

	accompanies by form cite 5500.7 in and	there is in is require	. 101 00011	THE THE PERSON OF THE PERSON O	=	
1. Committee Info				d. ID Number	-	
				u. ID Namber		
Nida for Durham				a Data Ougavi		
	nclude City, State and Zip Code)			e. Date Organized		
	Durham, NC 27703			12/19/2022		
c. Committee Website	(Optional)			f. Phone Number	1	
2. Candidate Info	rmation				1	
a. Full Name		e. Party Affiliation				
Nida Allam		Democrat				
b. Mailing Address (in	nclude City, State, and Zip Code)	f. Office Sought				
195 julianion di	e, Durham, NC 27703	County Commissioner				
c . Phone Number	d. Email Address	g. Next Election Year	ŀ	ı. Jurisdiction	1	
	nida@nidallam.com			Durham	1	
Email copy of					Į	
3. Treasurer Info	rmation		4. Assistant Treasurer Information			
a. Full Name		a. Full Name	a. Full Name			
Phil Seib					J	
b. Mailing Address (i	nclude City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)				
618 East Hamm Durham, NC 277						
c. Phone Number	d. Email Address	c. Phone Number	d. Email A	ddress		
919-696-4932	phil4nida@gmail.com					
	notices by email Yes No	Email copy of r]	
	ooks Information (Keeper of Records)	6. Account Inform		(incl. CRO-3500)	-	
a. Full Name		a. Financial Institution		IA.	1.	
		Latino Credit Uni	on		PER	
b. Mailing Address (in	nclude City, State, and Zip Code)	100 West Wanga N ST DA			PERS	
		Duehom,	Dueham, NC 27701			
c. Phone Number	d. Email Address	b. Account Code	с. Туре	DURA		
☐ Emoil conver	report notices	C&R 001	000	Thecking	AM BC	
Email copy of	report nonces	1	Care	OT CHURCH A	-	
L certify that the	Committee is in compliance with all appli	cable provisions of A	rticle 22A	of Chapter 163 of the NC		
	and that no funds are commingled with pr	-		_		
	plete, true and correct.	. / /			1	
Phil s	ما زمد	1 Sel		12/19/200		
	ed Name of Treasurer S	ignature of Appointed Trea	asurer	Date	1	
I cortific that the	sformation shows is someon and I as the	ondidate appoint sei	l transumer	to nerconally fulfill the		
*	nformation above is correct, and I, as the confidence imposed upon the appointed treas				I	
163 of the NC Ger		arei and subject to the	c penaines	in ration 22A of Chapter	I	
l ,	Han Italian	#		12-19-202	1	
NIDA L	d Name of Candidate				1	
Printe	d Name of Candidate	Signature of Candidate		Date	1	