

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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
Michelle for Durham	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
P.O. Box 25504 Durham, NC 27701	11/14/2023
c. Committee Website (Optional)	f. Phone Number

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Michelle Burton		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
P.O. Box 25504 Durham, NC 27701		Durham County Commission	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
	michelle@michelleforDurham.com	2024	Durham County
<input type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Phil Seib			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
618 East Hammond Street Durham, NC 27704		IN PERSON	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-696-4932	phil@michelleB@gmail.com		JUL 24 2024
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
DURHAM BOE			

5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		LCCU	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
		100 West Morgan St. Durham, NC	
c. Phone Number	d. Email Address	c. Type	
		C and R 01	Checking
<input type="checkbox"/> Email copy of report notices			

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	Signature of Appointed Treasurer	Date
Michelle Burton	Michelle Burton	7/24/2024
Printed Name of Candidate	Signature of Candidate	Date