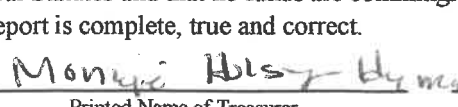



# Statement of Organization - Candidate Committee

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.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
COMMITTEE TO ELECT DR MONIQUE HOLSEY HYMAN FOR DURHAM CITY CO			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PMB 4711 HOPE VALLEY ROAD DURHAM, NC 27713 #813		11/22/2022	
c. Committee Website (Optional)		f. Phone Number	
		718 414 5987	
<b>2. Candidate Information</b>			
a. Full Name		c. Party Affiliation	
MONQIEUE HOLSEY HYMAN		NONPARTISAN IN PERSON	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PMB 4711 HOPE VALLEY ROAD DURHAM, NC 27713		CITY COUNCIL	
c. Phone Number		g. Next Election Year	
718 414 5987		OCT. 06 2023	
d. Email Address		h. Jurisdiction	
candidatedrmoniqueholseyhyman@		DURHAM BOE	
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
MONIQUE HOLSEY HYMAN			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
4711 HOPE VALLEY ROAD DURHAM, NC 27713			
c. Phone Number		c. Phone Number	
718 414 5987			
d. Email Address		d. Email Address	
candidatedrmoniqueholseyhyman@			
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Email copy of report notices		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number		b. Account Code	
d. Email Address		c. Type	
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p>   </p> <p>             Printed Name of Treasurer _____ Signature of Appointed Treasurer _____ Date _____         </p> <p>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.</p> <p>             Printed Name of Candidate _____ Signature of Candidate _____ Date _____         </p>			