Statement of Organization - Candidate Committee

Is this statement: ☐ New ☑ 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: Committee to Elect Jillian Johnson	d. ID Number:
b. Mailing Address (include City, State and Zip Code): 902 Arnette Ave., Durham, NC 27701	e. Date Organized: 6/19/2015
c. Committee Website (Optional):	f. Phone Number: 9195199301

2. Candidate Information

a. Full Name: Jillian Johnson	e. Party Affiliation: democrat
b. Mailing Address (include City, State, and Zip Code): 902 Arnette Ave. Durham, NC 27701	f. Office Sought: city council
c. Phone Number: 9195199301 / d. Email Address: jillylovesdurham@gmail.com	g. Next Election Year: 2027 / h. Jurisdiction: Durham
☐ Email copy of report notices	

3. Treasurer Information

a. Full Name: Phil Seib	
b. Mailing Address (include City, State, and Zip Code): 902 Arnette Ave. Durham, NC 27701	
c. Phone Number: 9196964932	d. Email Address: poke5775@gmail.com
Send report notices by email ☐ Yes ☐ No	

4. Assistant Treasurer Information

a. Full Name: [redacted]	
b. Mailing Address (include City, State and Zip Code):	
c. Phone Number:	d. Email Address:
☐ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

a. Full Name: same as treasurer	
b. Mailing Address (include City, State, and Zip Code):	
c. Phone Number:	d. Email Address:
☐ Email copy of report notices	

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name: Truist	
General operations	
b. Account Code: 2	c. Type: checking

IN-PERSON
SEP 03 2025
Durham County BOE

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
Phil Seib	[signature]	9/3/2025

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.

Printed Name of Candidate	Signature of Candidate	Date
Jillian Johnson	[signature]	9/3/2025

IN-PERSON
SEP 03 2025
Durham County BOE