

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	
Khalilah For Durham			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 92, Durham, NC 27702		05-26-2023	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Khalilah Karim		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1811 Kirkwood Drive Durham, N.C. 27705		At-Large-City-Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
	KhalilahK@gmail.com	2023	Municipal
<input checked="" 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 E. Hammond St Durham, NC 27704			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-696-4934	phil4khalilah@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	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><u>Phil Seib</u> Printed Name of Treasurer</p>		<p><u>[Signature]</u> Signature of Appointed Treasurer</p>	
		<p><u>05-26-2023</u> 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><u>Khalilah Karim</u> Printed Name of Candidate</p>		<p><u>[Signature]</u> Signature of Candidate</p>	
		<p><u>5/26/23</u> Date</p>	

IN PERSON

MAY 26 2023

DURHAM BOE

IN PERSON

MAY 31 2023

DURHAM BOE