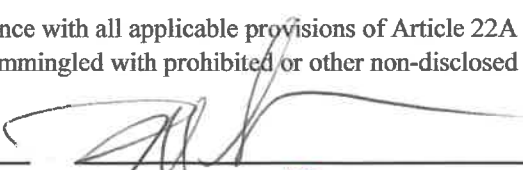
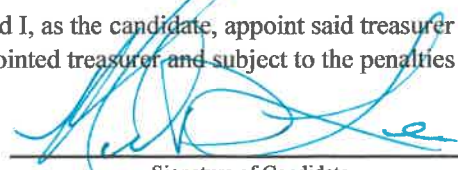


Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input 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	
Mike Lee For Durham			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 2241, Durham, NC 27702		12/13/2023	
c. Committee Website (Optional)		f. Phone Number	
votemikelee.com		919-415-1320	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Michael Lee		Democratic Party	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 2241, Durham, NC 27702		Durham County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-415-1320	mikelee4durham@gmail.com	2024	Durham
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Phillip Seib			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
618 East Hammond St. Durham, NC 27704			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-696-4932	phil4mikelee@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)			
c. Phone Number	d. Email Address	b. Account Code	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>			
Phillip Seib _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	12/13/2023 _____ Date
<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>			
Michael D. Lee _____ Printed Name of Candidate		 _____ Signature of Candidate	12/13/2023 _____ Date

IN PERSON
 DEC 13 2023
 DURHAM BOE