

# 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	
Carl for Durham			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
809 Watts St. Durham, NC 27701		4/12/2023	
c. Committee Website (Optional)		f. Phone Number	
		[REDACTED]	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Carl Rist		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
809 Watts St. Durham, NC 27701		Durham city council / at-large	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
[REDACTED]	carlrist62@gmail.com	2023	Durham
<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		IN PERSON APR 12 2023	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(919) 696-4932	Phil4Carl@gmail.com		DURHAM BOE
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>			
<p>Phil Seib Printed Name of Treasurer</p>		<p> Signature of Appointed Treasurer</p>	<p>4/12/2023 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>Carl F. Rist Printed Name of Candidate</p>		<p> Signature of Candidate</p>	<p>4/12/2023 Date</p>