

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
Leo for Durham	DUR-8CLP35
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
PO Box 287, Durham, NC 27702	07/20/2023
c. Committee Website (Optional)	f. Phone Number
https://leo4durham.com/	On File

2. Candidate Information			
a. Full Name		e. Party Affiliation	
Leonardo "Leo" Williams		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 287 Durham, NC 27702		City of Durham Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
On File	contact@leonardowilliams.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 East Hammond St, Durham, NC 27704			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-696-4932	phil4leo@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	
		Mechanics and Farmers	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		01	Checking
<input type="checkbox"/> Email copy of report notices			

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.

Phil Seib _____ 08/07/2023
 Printed Name of Treasurer Signature of Appointed Treasurer Date

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

IN PERSON
 AUG 07 2023