Statement of Organization - Candidate Committee

Is this	statem	ent:	
☐ 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 Infor	mation					
a. Name of Committee	d. ID Number					
Michelle for Durham						
b. Mailing Address (include City, State and Zip Code)				e. Date Organized		
PO. BOY 255	27701		11/14/2023			
c. Committee Website (C			f. Phone Number			
2. Candidate Infort						
a. Full Name		e. Party Affiliation	e. Party Affiliation			
Michelle Burton		Democrat				
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	f. Office Sought			
-		Durham County (Durham County Commission			
c . Phone Number	d. Email Address	g, Next Election Year	h.	Jurisdiction		
☐ Email copy of re	nort nations	2024	D	urham County		
3. Treasurer Inform		4. Assistant Treasi	urer Inform	ation		
a. Full Name		a. Full Name				
Phil Seib						
b. Mailing Address (incl	ude City, State, and Zip Code)	b. Mailing Address (inc	b. Mailing Address (include City, State and Zip Code)			
618 East Hammond Street Durham, NC 27704						
c. Phone Number	d. Email Address	c. Phone Number	c. Phone Number d. Email Address			
919-696-4932	phil4MichelleB@gmail.com					
Send report notices by email ✓ Yes No		☐ Email copy of r	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	a. Financial Institution Full Name			
			IN PERSON			
b. Mailing Address (incl	ude City, State, and Zip Code)		IN PERSOIT			
			NOV 1 3 2023			
c. Phone Number	d. Email Address	b. Account Code	с. Туре	- ALA POE		
				URHAM BOE		
Email copy of re	eport 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 De, b 11/202						
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.						
Michelle Burton Wichelly Burton 11/13/7023						
Printed	Signature of Candidate	· · · · · · · · · · · · · · · · · · ·	Date			