Statement of Organization - Candidate Committee

Is	this statement:					
	New	V	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	aw J		La ro Ni al-		
a. Name of Committee	d. ID Number					
	t Dr. Monique Holsey-Hyman for Durk	nam City Council				
b. Mailing Address (incl	e. Date Organized					
PMB 4711 Hope V	alley Road, #813, Durham, NC 2771;		11/22/2022			
c. Committee Website (C	Optional)			f. Phone Number		
		718-414-5987				
Candidate Infort						
a. Fuli Name	e. Party Affiliation					
Monique Holsey-H	Nonpartisan					
b. Mailing Address (incl	f. Office Sought					
PMB 4711 Hope Valley Road, #813 Durham, NC 27713		City Council				
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction		
718-414-5987	candidatemoniqueholseyhyman@gn	2023		Municipal		
Email copy of re						
3. Treasurer Inforn a. Full Name	nation	4. Assistant Treasurer Information a. Full Name				
		a. Full Name				
Monique Holsey-H	•					
b. Mailing Address (incl	b. Mailing Address (include City, State and Zip Code)					
PMB 4711 Hope Valley Road, #813 Durham, NC 27713						
c. Phone Number	d. Email Address	c. Phone Number	d. Email A	Address		
714-414-5987	candidatemoniqueholseyhyman@gn					
Send report no	tices by email Yes No	☐ Email copy of report notices				
5. Custodian of Boo	6. Account Information (incl. CRO-3500)					
a. Full Name	a. Financial Institution	Full Name	2			
		INLDEDCON				
b. Mailing Address (incl			IN PERSON			
				AUG 1 7 2023		
c. Phone Number	d. Email Address	b. Account Code	c. Type	- 200 Horos de Vision de l'Indian		
				DURHAM 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. Monique Holsey-Hyman 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.						
Monique Holsey-Hyman 8/1/23						
	Name of Candidate	Signature of Candidate	\geq	Date		
Timted		- British diffe		Dute		