

Statement of Organization - Candidate Committee

Is this statement:

☒ 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 Information			
a. Name of Committee <i>Committee to Elect Samira Khan</i>		d. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>1015 Dunleigh Drive, Burlington, NC, 27215</i>		e. Date Organized <i>12-16-25</i>	
c. Committee Website (Optional)		f. Phone Number <i>336-684-7227</i>	
2. Candidate Information			
a. Full Name <i>Dr. Samira Khan</i>		e. Party Affiliation <i>Democrats</i>	
b. Mailing Address (include City, State, and Zip Code) <i>1015 Dunleigh Drive Burlington NC 27215</i>		f. Office Sought <i>Alamance County School Board</i>	
c. Phone Number <i>336-684-7227</i>	d. Email Address <i>SamiraKhan4schoolboard@gmail.com</i>	g. Next Election Year	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name <i>Samira Khan</i>		a. Full Name <i>Samira Khan</i>	
b. Mailing Address (include City, State, and Zip Code) <i>1015 Dunleigh Drive Burlington, NC, 27215</i>		b. Mailing Address (include City, State and Zip Code) <i>1015 Dunleigh Drive Burlington, NC, 27215</i>	
c. Phone Number <i>336-684-7227</i>	d. Email Address <i>SamiraKhan4schoolboard@gmail.com</i>	c. Phone Number <i>336-684-7227</i>	d. Email Address <i>SamiraKhan4schoolboard@gmail.com</i>
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" 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)		b. Account Code	
c. Phone Number		c. Type <i>ALAMANCE COUNTY BOARD OF ELECTIONS</i>	
d. Email Address			
<input checked="" 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><i>Samira Khan</i> Printed Name of Treasurer <i>Samira Khan</i> Signature of Appointed Treasurer <i>12-16-25</i> 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><i>Samira Khan</i> Printed Name of Candidate <i>Samira Khan</i> Signature of Candidate <i>12-16-25</i> Date</p>			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Samira Khan

Committee Name: Committee to Elect Samira Khan -

Treasurer Name: Samira Khan

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: North Carolina, Alamance

I, Samira Khan, hereby direct that in the event of my death or incapacity all
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Reading Connections</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Samira Khan

Date: 12-16-25

RECEIVED

DEC 17 2025

ALAMANCE COUNTY
BOARD OF ELECTIONS



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Committee to Elect Samina Khan

Treasurer Name: Samina Khan

Treasurer Address: 1015 Dunkeigh Drive, Burlington
(include city, state, & zip) NC. 27215

Treasurer Phone: 336-684-7227

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

Sk * I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12-16-25
Date Signed

Samina Khan
Signature

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