

# Disclosure Report Cover

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information.

<b>1. Committee Information</b>	
<b>a. Full Name</b> COMMITTEE TO ELECT NATE BAKER	<b>c. ID Number</b> DUR-000000-0-000
<b>b. Mailing Address (include City, State and Zip Code)</b> 1810 NORTHGATE ST DURHAM, NC 27704	<b>d. Date Filed</b> 03/08/2023
	<b>e. Phone Number</b>

<b>2. Report Year</b> 2020	<b>3. Period Start Date (mm/dd/yy)</b> 02/16/2020	<b>4. Period End Date (mm/dd/yy)</b> 06/30/2020	<b>5. Treasurer Full Name</b> NATE BAKER
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	<b>10. Special Report Name</b>
2		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$		\$

**CERTIFICATION**  
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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 and that I have been trained by the NC State Board

NATE BAKER Printed Name of Signer      [Signature] Signature of Appointed Treasurer      03/08/2023 Date

**FOR OFFICE USE ONLY**

Date Received: 3/9/23 Employee 1884 Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed

Date Postmarked: \_\_\_\_\_ IN PERSON Employee \_\_\_\_\_  Signer has not received mandatory training

Date Scanned: \_\_\_\_\_ MAR 09 2023 Employee \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee \_\_\_\_\_

DURHAM BOE

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.