

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.

1. Committee Information		a. Full Name		c. ID Number	
		COMMITTEE TO ELECT NATE BAKER		DUR-000000-0-000	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed		e. Phone Number	
1810 NORTHGATE ST DURHAM, NC 27704		03/08/2023			
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name		
2021	01/01/2021	06/30/2021	NATE BAKER		
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)			
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: _____		<input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special			
7. Type of Fund (if applicable, check one)		10. Special Report Name			
8. Number of Fundraisers this Report					
0					
3. Account Information			3. Account Information		
a. Financial Institution Full Name			a. Financial Institution Full Name		
b. Purpose		c. Account Code		b. Purpose	
d. Period Begin Balance		d. Period Begin Balance		d. Period Begin Balance	
\$		\$		\$	
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					
<u>NATE BAKER</u> Printed Name of Signer		<u>N. Baker</u> Signature of Appointed Treasurer		03/08/2023 Date	
FOR OFFICE USE ONLY					
Date Received:	<u>3/9/23</u>	Employee	<u>SBH</u>	Delivery Method	
Date Postmarked:		Employee		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned:		Employee		<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:		Employee			
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.					