

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.

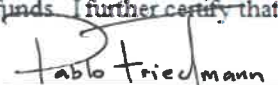
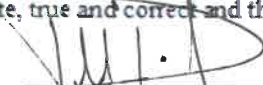
1. Committee Information	
a. Full Name COMMITTEE TO ELECT NATE BAKER	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1810 NORTHGATE STREET DURHAM, NC 27704	d. Date Filed 09/06/2023
	e. Phone Number

2. Report Year 2023	3. Period Start Date (mm/dd/yy) 07/01/2023	4. Period End Date (mm/dd/yy) 08/29/2023	5. Treasurer Full Name PABLO FRIEDMANN
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	9. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <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:	Municipal	State/County	Referendum
	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name	
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		
<input type="checkbox"/> Final	<input type="checkbox"/> Year End		
<input type="checkbox"/> Special	<input type="checkbox"/> Final		
<input type="checkbox"/> Special	<input type="checkbox"/> Special		

3. Account Information		3. Account Information	
a. Financial Institution Full Name LATINO COMMUNITY CREDIT UNION		a. Financial Institution Full Name	
b. Purpose CAMPAIGN RELATED ACTIVITY	c. Account Code 0	IN PERSON SEP 07 2023 DURHAM BOE	e. Account Code
	d. Period Begin Balance \$ 24,847.40		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

Printed Name of Signer: Pablo Friedmann
 Signature of Appointed Treasurer: _____
 Date: 09/06/2023

FOR OFFICE USE ONLY

Date Received: 9-7-23	Employee: DRL	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
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.