

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 10/03/2023
	e. Phone Number

2. Report Year 2023	3. Period Start Date (mm/dd/yy) 08/30/2023	4. Period End Date (mm/dd/yy) 09/25/2023	5. Treasurer Full Name PABLO FRIEDMANN
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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"/> Party	Municipal	State/County	Referendum
<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
7. Type of Fund (if applicable, check one)		<input checked="" 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	10. Special Report Name
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report 3		<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	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 26,819.31		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

Pablo Friedmann Printed Name of Signer [Signature] Signature of Appointed Treasurer 10/04/2023 Date

FOR OFFICE USE ONLY

Date Received: 10/5/23 Employee [Signature] Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed

Date Postmarked: _____ Employee _____ Signer has not received mandatory training

Date Scanned: OCT 05 2023 Employee _____

Date Data Entered: DURHAM BOE 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.