

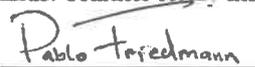
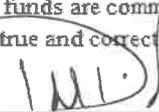
# Disclosure Report Cover

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>		<b>c. ID Number</b>	
COMMITTEE TO ELECT NATE BAKER			
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Date Filed</b>	
2101 CHAPEL HILL ROAD DURHAM, NC 27707		01/29/2026	
		<b>e. Phone Number</b>	
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>
2025	07/01/2025	12/31/2025	PABLO FRIEDMANN
<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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>		<b>State/County</b>	
<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"/> 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	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>	
0		M. PETERSON JAN 30 2026	
<b>3. Account Information</b>		<b>3. Account Information</b> Durham County BOE	
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
LATINO COMMUNITY CREDIT UNION		LATINO COMMUNITY CREDIT UNION	
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
CAMPAIGN RELATED ACTIVITY	O	CAMPAIGN RELATED ACTIVITY	P
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$		\$ 1,982.94
<b>CERTIFICATION</b>			
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		 Signature of Appointed Treasurer	
		01/30/2026 01/29/2026 Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	1/30/26	Employee	NN
Date Postmarked:		Employee	
Date Scanned:		Employee	
Date Data Entered:		Employee	
		<b>Delivery Method</b> <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	
<b>Please Note:</b> 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.			

# Disclosure Report Cover Addendum

Amendment  
 Yes  No

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO ELECT NATE BAKER			
<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
LATINO COMMUNITY CREDIT UNION			
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
MEMBERSHIP	R		
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$ 20.00		\$
<b>CERTIFICATION</b>			
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 <del>non-disclosed funds</del> . I further certify that this report is complete, true and correct and that I have been			
<u>Lato Friedmann</u>	<u>[Signature]</u>	<u>01/30/2026</u>	<u>01/29/2026</u>
Printed Name of Signer	Signature of Appointed Treasurer	Date	
<b>Please Note:</b> This cover sheet cannot be used to amend committee information such as the committee name or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

CRO-1010

NC State Board of Elections

December 2007

IN-PERSON

JAN 30 2026

Durham County BOE