

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 Michelle for Durham | c. ID Number Not Assigned |
| b. Mailing Address (include City, State and Zip Code) PO Box 25504 Durham, NC 27704 | d. Date Filed 11/15/2023 |
| | e. Phone Number On File |

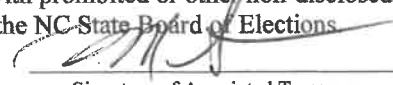
| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2023 | 3. Period Start Date (mm/dd/yy) 11/13/2023 | 4. Period End Date (mm/dd/yy) 11/16/2023 | 5. Treasurer Full Name Phillip Seib |
|-------------------------------|--|--|---|

| | | | |
|--|---|--|--|
| 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 |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input checked="" type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |
| | | <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 |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| | | Organizational | |

| | | | |
|--|--|---|--------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name Latino Community Credit Union | | a. Financial Institution Full Name | |
| b. Purpose For Credits and Receipts Candidate Committee | c. Account Code CR-01 | b. Purpose IN PERSON | c. Account Code |
| | d. Period Begin Balance \$ 0 | d. Period Begin Balance NOV 16 2023 | d. Period Begin Balance \$ |

CERTIFICATION DURHAM BOE

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 of Elections.

Phil Seib  11/16/2023

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

| | | |
|--------------------------------|---------------------|--|
| Date Received: <u>11-16-23</u> | Employee: <u>SK</u> | 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.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
|--|------------|------------------------------------|-----|----------------------------------|-------------|
| Michelle for Durham | | 10 Day Org Report | | Not Yet Assigned | |
| Start of Election Cycle: January 1, 2023 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 0 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | | \$ | |
| 6) Contributions from Individuals | (CRO-1210) | \$ | 100 | \$ | |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | | \$ | |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | | \$ | |
| 9) Loan Proceeds | (CRO-1410) | \$ | | \$ | |
| 10) Refunds/Reimbursements To the Committee | (CRO-1240) | \$ | | \$ | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ | | \$ | |
| 11b) Contributions from Not-for-Profit Organizations | (CRO-1250) | \$ | | \$ | |
| 11c) Outside Sources of Income | (CRO-1250) | \$ | | \$ | |
| 11d) Legal Expense Fund – Other Sources | (CRO-1270) | \$ | | \$ | |
| 11 e) Exempt Purchase Price Sales | (CRO-1265) | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ | 100 | \$ | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ | | \$ | |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ | | \$ | |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | | \$ | IN PERSON |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ | | \$ | NOV 16 2023 |
| 15) Loan Repayments | (CRO-1420) | \$ | | \$ | |
| 16) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ | | \$ | DURHAM BOE |
| 17) In-Kind Contributions | (CRO-1510) | \$ | | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ | 0 | \$ | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ | 100 | \$ | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ | | \$ | |
| 22) Debts and Obligations owed By the Committee | (CRO-1610) | \$ | | \$ | |
| 23) Debts and Obligations owed To the Committee | (CRO-1620) | \$ | | \$ | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ | | \$ | |
| 25) Administrative Support | (CRO-1710) | \$ | | \$ | |
| 26) Forgiven Loans | (CRO-1440) | \$ | | \$ | |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ | | \$ | |
| 28) Contributions to be Refunded | (CRO-1215) | \$ | | \$ | |

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| Michelle for Durham | | | | | | Not Yet Assigned | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Michelle Burton 3009 Stone Fence Ct Durham, NC 27704 | | | | Librarian | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Durham Public Schools | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | C&R01 | Check | | 11/13/2023 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |