<b>Disclosure</b>	Report	Cover
-------------------	--------	-------

Amendment	/
✓ Yes	□No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms

	rm to update information			_					
1. Committee lu	nformation								
a. Full Name						c. ID Number			
Javiera for Durhar	n					5CL	450		
h Mailing Addre	ss (include City, State and Zip	Code		_		d. Date Filed			
PO Box 1439	ss (molude City, State and Zip	Codej		_		0. Date Filed 0.00/04/2023			
Durham, NC 2770	)2-1439					10-02-2063			
,						e. P	hone Number		
						(984) 377-3138			
2. Report Year	3. Period Start Date (mm/dd/y	у)	4. Period End D	ate (	mm/dd/yyyy)	5. Tre	easurer Full Name		
2023	04/94/2020			29/2023		Phil Seib			
	07-01-2023								
6 Type of Comm	ittee (Check one)	9 Tyr	e of Report (ch	eck (	only one type o	of rene	ort from one category)		
		Munic			State/County	1100	Referendum		
✓ Candidate Can	npaignParty	Пο	rganizational	- 1	Organizatio	nal	Organizational		
PAC	Referendum		nirty-five day		Quarterly		Pre-referendum		
Independent E	xpenditure		re-primary	- 1	First		Final		
Legal Expense	Fund		e-election		☐ Second		in the second		
					<b>=</b>		Supplemental Final		
7. Type of Fund	(if applicable, check one)		re-runoff	- 1	Third		Annual		
		8	iemi-annual	- 1	Fourth		Special		
☐ "Booster Fund			Mid Year		Semi-annu	al	10. Special Report Name		
Building Fund			Year End		Mid Yea	r			
☑Other: NC C	andidates Financing Fund	Fi	nal	- 1	Year En	d			
	ndraisers this Report	∏s⊦	oecial		Final				
	idiaisers uns Report				Special				
1	47								
11. Account Info									
a. rinanciai insti	duon Full Name								
Latino Community	Credit Union								
b. Purpose				c. Account Code					
Campaign checkir	ng account			JC1					
			1	d. Period Begin Balance					
			Ì	\$ 0.00					
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 undisclosed funds. I further certify that this report is complete, true and correct and that have been trained by the NC State Board of Elections.  Printed Name of Signer  Signature of Appointed Treasurer  Date									
FOR OFFICE USE	EONLY / /				A 1		Delivery Method		
Date Receive	1012113	181	TIME ON	1	884	Ē	Normal Mail		
Data Beatman	leads .	11/1		7			Registered Mail		
Date Postmarked: Employee:			Hand Delivered						
Date Scanned:			Poposetnro				Electronically Filed		
Date Data En	tered:	F	mployee:				Signer has not received		
2 3.3 200 211		DUF	HAM BOE			- L	mandatory training		
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 commitee changes.									
CRO-1000 NC State Board of Elections August 2008									