mendment	2
✓ Yes	No

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

1 Committee Information				
1. Committee Information				
a. Full Name		c. ID Number		
Javiera for Durham			5CL450	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed		
PO Box 1439		09/04/2028		
Durham, NC 27702-1439		/0-2-2023 e. Phone Number		
			(984) 377-3138	
2 Parant Vary 2 Parint Chat Parint (1911)		5. Treasurer Full Name		
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yyyy) 5. Tres			Phil Seib	
T T T T T T T T T T T T T T T T T T T		/29/2023		
6. Type of Committee (Check one)	9, Type of Report (c Municipal	heck only one type of State/County	of report from one category) Referendum	
☑ Candidate Campaign ☐ Party				
PAC Referendum	☐ Organizational  ✓ Thirty-five day	Organizatio		
Independent Expenditure  Joint Fundraiser		Quarterly	Pre-referendum	
Legal Expense Fund	Pre-primary	First	Final	
	Pre-election	Second	Supplemental Final	
7. Type of Fund (if applicable, check one)	Pre-runoff	Third	Annual	
	Semi-annual	Fourth	Special Special	
"Booster Fund"	Mid Year	Semi-annu	10. Special Report Name	
Building Fund	Year End	Mid Yea		
Other: NC Candidates Financing Fund	Final	Year En	d	
8. Number of Fundraisers this Report	Special	Final		
1	1	Special		
11. Account Information				
a. Financial Institution Full Name				
Latino Community Credit Union				
b. Purpose c. Account Code		c. Account Code		
Campaign checking account JC1		JC1	21	
d. Period Begin Ba		lance		
\$ 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 provibited or other undisclosed funds. I further certify that this report is complete, true and correct and that I have been ained by the NC State Board of Elections.  Printed Name of Signer  Signature of Appointed Treasurer  Date				
FOR OFFICE USE ONLY		Na	Delivery Method	
Date Received: (6/2/23	Employee:	1004	☐ Normal Mail	
Date Poetmarked	NIMED CON	,	Registered Mail	
Date Postmarked:		Hand Delivered		
Date Scanned: Employee:		Electronically Filed		
Date Data Entered:	165 July 2023		Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee in 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 200				