Amendment	
Yes	<b>✓</b> No

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

1. Committee in	m to undate information							
a. Full Name	Hormation	_				- 15	N Alexandra	
					c. ID Number			
Javiera for Mayor						3CL398		
b. Mailing Address (include City, State and Zip Code)					d. Date Filed			
506 Englewood Ave					10/22/2021			
Durham, NC 27701-1209				e. Phone Number				
					C. I Hone Hamber			
2. Report Year	3. Period Start Date (mm/dd/y	(v) 4. Period End Da			ate (mm/dd/yyyy)		easurer Full Name	
2021	09/21/2021			/18/2021		Phil Seib		
6. Type of Comm	ittee (Check one)	9. Tvn Munic	e of Report (che	eck (	only one type of State/County	of repo	ort from one category) Referendum	
✓ Candidate Carr	npaign Party							
PAC	Referendum		rganizational nirty-five day		Organizatio	nai	Organizational	
Independent Ex	xpenditure  Joint Fundraiser		re-primary	- 1	Quarterly First	- 1	Pre-referendum	
Legal Expense	Fund		re-election			- 1	Final	
			re-election re-runoff		Second		Supplemental Final	
,7. Type of Fund	(if applicable, check one)				Third		Annual	
		Semi-annual			Fourth		Special	
"Booster Fund"		Mid Year		- 1	Semi-annual		10. Special Report Name	
Building Fund		Year End		- [	Mid Year			
Other: NC C	andidates Financing Fund		nal		Year En	d		
8. Number of Fundraisers this Report		Special			Final			
3					Special			
11. Account Infor								
a. Financial Institution Full Name								
Latino Community Credit Union								
b. Purpose				c. Account Code				
Credits and Reciepts				C&R01				
			d. Period Begin Bal			lance		
				\$ 30,306.57				
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 I have been trained by the NC State Board of Elections.    10   2 2   201     Printed Name of Signer   Signature of Appointed Treasurer   Date								
FOR OFFICE USE					lal	1	Delivery Method	
Date Received	d: 10/25 2021	Er	mplovee:	_ /	OXA	. [	Normal Mail	
Date Postmari	ked:	INDERSON			_	Registered Mail		
Date Scanned	d:	Er	mplovee:			_ L	Hand Delivered	
Date Date 5-4	Entered: OCT 2 5		OCT 2 5 2021	121			Lectronically Filed	
Date Data Ent						. L	J Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee info@alon 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.								
CRO-1000			te Board of Election		2011111		August 2008	