

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			c. ID Number	
Committee to Elect Marion T. Johnson				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
PO Box 3327 Durham, NC 27702-3327			07/16/2021	
			e. Phone Number	
			(704) 650-8025	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name	
2021	02/22/2021	06/30/2021	L'Tanya Durante	

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	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input checked="" type="checkbox"/> Mid Year	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	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund"				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
1				

11. Account Information	
a. Financial Institution Full Name	
Self-Help Credit Union	
b. Purpose	c. Account Code
Campaign contributions and expenditures	MTJ-21
	d. Period Begin Balance
	\$ 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 I have been trained by the NC State Board of Elections.

L'Tanya Durante Printed Name of Signer L'Tanya Durante Signature of Appointed Treasurer 7/16/21 Date

FOR OFFICE USE ONLY		Delivery Method
Date Received: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received 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 committee changes.