

Disclosure Report Cover

Amendment
<input checked="" type="checkbox"/> Yes <input 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			8CL6F7	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
PO Box 3327 Durham, NC 27702-3327			10/11/2021	
			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	07/01/2021	08/24/2021	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 <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	10. Special Report Name
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
2				
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	
			\$ 22,448.31	
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		 Signature of Appointed Treasurer		10/11/21 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.				
CRO-1000	NC State Board of Elections		OCT 18 August 2008	