# Disclosure Report Cover

Amendment ☐ Yes ☑ 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 |
|---|---|
| Khalilah for Durham | DUR - ICLN9D |
| **b. Mailing Address (include City, State and Zip Code)** | **d. Date Filed** |
| PO Box 92<br>Durham, NC 27702-0092 | 01/16/2024 |
| | **e. Phone Number** |
| | |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yyyy) | 5. Treasurer Full Name |
|---|---|---|---|
| 2023 | 10/24/2023 | 12/31/2023 | Phil Seib |

**6. Type of Committee (Check one)**

- ☑ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

**7. Type of Fund (if applicable, check one)**

- ☐ "Booster Fund"
- ☐ Building Fund
- ☑ Other: NC Candidates Financing Fund

**8. Number of Fundraisers this Report**

1

**9. Type of Report (check only one type of report from one category)**

| Municipal | State/County | Referendum |
|---|---|---|
| ☐ Organizational | ☐ Organizational | ☐ Organizational |
| ☐ Thirty-five day | Quarterly | ☐ Pre-referendum |
| ☐ Pre-primary | ☐ First | ☐ Final |
| ☐ Pre-election | ☐ Second | ☐ Supplemental Final |
| ☐ Pre-runoff | ☐ Third | ☐ Annual |
| Semi-annual | ☐ Fourth | ☐ Special |
| ☐ Mid Year | Semi-annual | |
| ☑ Year End | ☐ Mid Year | |
| ☐ Final | ☐ Year End | |
| ☐ Special | ☐ Final | |
| | ☐ Special | |

**10. Special Report Name**

IN PERSON

## 11. Account Information

**a. Financial Institution Full Name**

Latino Community Credit Union

JAN 16 2024

DURHAM BOE

| b. Purpose | c. Account Code |
|---|---|
| Reciepts and Expenditures | 01 |
| | **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.

| Phil Seib | | 01/16/2024 |
|---|---|---|
| Printed Name of Signer | Signature of Appointed Treasurer | Date |

**FOR OFFICE USE ONLY**

| | | | |
|---|---|---|---|
| Date Received: | 01/16/2024 | Employee: | KA |
| Date Postmarked: | | Employee: | |
| Date Scanned: | | Employee: | |
| Date Data Entered: | | Employee: | |

Delivery Method

- ☐ Normal Mail
- ☐ Registered Mail
- ☑ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the commitee 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.