

Disclosure Report Cover

Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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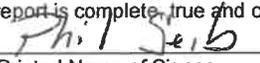
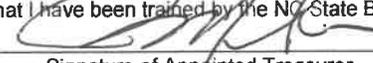
Use this form for general report and committee information, must be signed and submitted along with other detailed forms
 Do not use this form to update information

1. Committee Information				
a. Full Name		c. ID Number		
Matt for Durham				
b. Mailing Address (include City, State and Zip Code)		d. Date Filed		
1510 Woodland Dr Durham, NC 27701-1254		07/21/2025		
		e. Phone Number		
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name	
2025	06/01/2025	06/30/2025	Phil Seib	

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 type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 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
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other: NC Candidates Financing Fund		IN-PERSON		
8. Number of Fundraisers this Report				
1				

11. Account Information	
a. Financial Institution Full Name	
Mechanics and Farmers Durham County BOE	
b. Purpose	c. Account Code
Recipients 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.

  _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY		Delivery Method
Date Received: 7/21/25	Employee: 	<input type="checkbox"/> Normal Mail
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Scanned: _____	Employee: _____	<input checked="" 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 August 2008