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
Matt for Durham	

b. Mailing Address (include City, State and Zip Code)	d. Date Filed
1510 Woodland Dr Durham, NC 27701-1254	10/27/2025
	e. Phone Number
	(919) 597-9680

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2025	09/23/2025	10/20/2025	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

4

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

11. Account Information

a. Financial Institution Full Name	
Mechanics and Farmers	
b. Purpose	**c. Account Code**
Recipets 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	[signature]	10-25-2025
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

				Delivery Method
Date Received:	10/27/25	Employee:	[signature]	☐ Normal Mail
Date Postmarked:		Employee:		☐ Registered Mail
Date Scanned:	IN-PERSON	Employee:		☑ Hand Delivered
Date Data Entered:	OCT 27 2025	Employee:		☐ 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.