

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	
Mike Lee for Durham		DUR-MCLW45	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
PO Box 2241 Durham, NC 27702-2241		07/01/2024	
		e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2024	02/18/2024	06/30/2024	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	Municipal	State/County	Referendum		
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum				<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser				<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund					<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Supplemental Final		
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> First	<input type="checkbox"/> Annual		
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Second	<input type="checkbox"/> Special		
<input checked="" type="checkbox"/> Other: NC Candidates Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Third			
8. Number of Fundraisers this Report		<input type="checkbox"/> Year End	<input type="checkbox"/> Fourth			
0		<input type="checkbox"/> Final	<input type="checkbox"/> Semi-annual			
		<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year			
			<input type="checkbox"/> Year End			
			<input type="checkbox"/> Final			
			<input type="checkbox"/> Special			
				10. Special Report Name		

11. Account Information	
a. Financial Institution Full Name	
Latino Community Credit Union	
b. Purpose	c. Account Code
Credits and Receipts	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 Printed Name of Signer [Signature] Signature of Appointed Treasurer July 1, 2024 Date

FOR OFFICE USE ONLY		Delivery Method	
Date Received: <u>07/01/24</u>	Employee: <u>cm</u>	<input type="checkbox"/> Normal Mail	IN PERSON JUL 01 2024 DURHAM BOE
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