Amendment

Disclosure Report Cover

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-MCLW45-0-001	
b. Mailing Address (include City, State and Zip Code)									d. Date Filed	
PO BOX 2241									01/09/2015	
DURHAM, NC 27701									91/02/2025	
									e. Phone Number	
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Nar									er Full Name	
2024 10/20/2024				12/31/2024 PHIL SE				PHIL SEI	В	
6. Type of Commi		pe of Report (check only one type of re				type of rep				
Candidate Camp	_		Munic			_	te/County		Referendum	
Joint Fundraiser	PA	С		Organizatio			Organizatio	nal	Organizational	
Referendum	gal Expense Fund		Thirty-five		l	Quarterly		Pre-referendum		
7. Type of Fund	le, check one)		Pre-primary			First		Final		
Booster Fund"		Pre-election			Second		Supplemental Final			
Building Fund		Pre-runoff	noff		☐ Third		Annual Annual			
☐ Presidential Election Year Candidates Fund Semi-							Fourth		Special	
NC Public Campaign Financing Fund Mid Year Semi-annual										
				Year E	nd		Mid Ye	ar	10. Special Report Name	
Other: Fina							Year E	nd		
8. Number of Fun	Special		Final							
0 Special								IN PERSON		
3. Account Information					3. Account Information					
a. Financial Institution Full Name						a. Financial Institution Full Name IAN 0 9 P.M.				
LATINO COMMUNITY CREDIT UNION						202 DURHAM BOE				
o. Purpose c. Account Code					b. Purpose				c. Account Code	
FOR CREDITS A	AND	001								
		d. Period Begin Balance			1			d. Period Begin Balance		
		\$.						\$		
CERTIFICATION	v									
	•	or Fund is in co	mplian	ce with all a	pplical	ble i	provisions	of Article 2	2A, 22B & 22D-22M of	
Chapter 163 of 1	the NC Gener	ral Statutes and	that no	funds are	commi	ngl	ed with pro	hibited or o	ther non-disclosed	
									ed by the NC State Board	
^	<i>c</i> ! !				3//			_	01/09/2025	
Phil Seib									01/02/2025	
Prir	nted Name of S	Signer		Sign	ature of	Ap	ointed Trea	surer	Date	
FOR OFFICE US	EONLY						^			
Date Received: 19125 Employee: Delivery Method									livery Method	
Date Received	1:	I Emplo			yee:			- 🗆	Normal Mail	
Data Dantural	to all	Emplo							Registered Mail	
Date Postmark	kea:							- ☑	Hand Delivered	
Data Garage 4									Electronically Filed	
Date Scanned	_	Employee:				-				
Data Data E d	T2mm1a			V00:				Signer has not received		
Date Data Ent	erea:	Emplo			yee:				mandatory training	
Please Note									ittee address, treasurer,	
		nt treasurer, cu								
Vo	ui miist amen	d the Statemen	t of Ord	anization (CRO-2	100	A-E) to mal	ke committe	e changes	