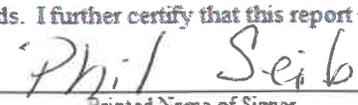
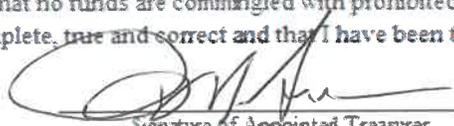


Disclosure Report Cover

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 DIANA FOR DURHAM			c. ID Number 000-000000-0-01	
b. Mailing Address (include City, State and Zip Code) 2232 CRANFORD RD DURHAM, NC 27705			d. Date Filed 07/23/2025	
			e. Phone Number	
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 07/18/2025	4. Period End Date (mm/dd/yy) 07/23/2025	5. Treasurer Full Name 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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum / <input type="checkbox"/> Legal Expense Fund		Municipal <input checked="" 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 type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> 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		
8. Number of Fundraisers this Report 0		10. Special Report Name		
3. Account Information			3. Account Information	
a. Financial Institution Full Name MECHANICS AND FARMERS			a. Financial Institution Full Name	
b. Purpose RECEIPTS AND EXPENDITURES	c. Account Code 01	b. Purpose IN PERSON		c. Account Code
	d. Period Begin Balance \$	d. Period Begin Balance JUL 25 2025		d. Period Begin Balance \$
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 non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board				
 Printed Name of Signer			 Signature of Appointed Treasurer	
			Date 07/23/2025	
FOR OFFICE USE ONLY				
Date Received:	7/25/25	Employee	Sp	Delivery Method
Date Postmarked:	_____	Employee	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee	_____	<input checked="" type="checkbox"/> Hand Delivered
				<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.				