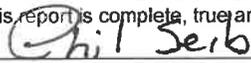
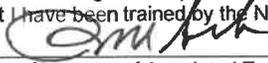


Disclosure Report Cover

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 Diana for Durham		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 2232 Cranford Rd Durham, NC 27705-1008		d. Date Filed 10/27/2025	
		e. Phone Number (919) 696-4932	
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 09/23/2025	4. Period End Date (mm/dd/yyyy) 10/20/2025	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"/> 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 checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff 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)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other: NC Candidates Financing Fund		<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth 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 3		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	
		10. Special Report Name	
11. Account Information			
a. Financial Institution Full Name M&F			
b. Purpose Receipts and Expenditures		c. Account Code 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	
		10-27-2025 Date	
FOR OFFICE USE ONLY			
Date Received:	10/27/25	Employee:	ISH/ast
Date Postmarked:	IN-PERSON	Employee:	
Date Scanned:	OCT 27 2025	Employee:	
Date Data Entered:		Employee:	
			Delivery Method
			<input type="checkbox"/> Normal Mail
			<input type="checkbox"/> Registered Mail
			<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.			
CRO-1000	NC State Board of Elections		August 2008