Amendment
☐ Yes ☑ No

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
Middleton 4 Durham	

b. Mailing Address (include City, State and Zip Code)	d. Date Filed
3018 Appling Way Durham, NC 27703-9276	10/27/2025
	e. Phone Number
	(919) 597-8953

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

3

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☑ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

State/County

- ☐ Organizational
- Quarterly
  - ☐ First
  - ☐ Second
  - ☐ Third
  - ☐ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

Referendum

- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name	
Mechanics and Farmers	
b. Purpose	**c. Account Code**
Receipts 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 — Printed Name of Signer
[signature] — Signature of Appointed Treasurer
10/27/2025 — Date

FOR OFFICE USE ONLY

Date Received: 10/27/25 Employee: [signature]
Date Postmarked: _____ Employee: IN PERSON
Date Scanned: _____ Employee: _____
Date Data Entered: _____ Employee: _____

OCT 27 2025
Durham County BOE

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☑ Hand Delivered
- ☐ 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.

Disclosure Report Cover Addendum

Amendment
☐ Yes ☑ No

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover

1. Committee Full Name (and Fund if applicable)	2. ID Number
Middleton 4 Durham	

3. Account Information	
a. Financial Institution Full Name	
Paypal	
b. Purpose	c. Code
Receipts and Expenditures	02
	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 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 of Elections.

Phil Seib		10-27-2025
Printed Name of Signer	Signature of Appointed Treasurer	Date

Please Note: This cover sheet cannot be used to amend committee information such the committee name or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

IN-PERSON

OCT 27 2025

Durham County BOE