

Disclosure Report Cover

Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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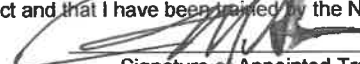
Use this form for general report and committee information, must be signed and submitted along with other detailed forms
 Do not use this form to update information

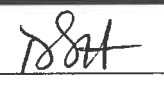
1. Committee Information				
a. Full Name Carl for Durham			c. ID Number DUR-3CLW26	
b. Mailing Address (include City, State and Zip Code) PO Box 325 Durham, NC 27702-0325			d. Date Filed 09/05/2023	
			e. Phone Number	
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 07/01/2023	4. Period End Date (mm/dd/yyyy) 08/29/2023	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 checked="" 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	State/County <input type="checkbox"/> Organizational 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	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
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other: NC Candidates Financing Fund				
8. Number of Fundraisers this Report 4				

11. Account Information	
a. Financial Institution Full Name Latino Community Credit Union	
b. Purpose Credits and Receipts	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.

  09/05/2023
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY		Delivery Method
Date Received: 9/5/23	Employee: 	<input type="checkbox"/> Normal Mail
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

IN PERSON SEP 05 2023 DURHAM BOE

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.