

# 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.

|  |  |
|--|--|
| <b>1. Committee Information</b>  |  |
| <b>a. Full Name</b><br>SHERRI ZANN ROSENTHAL FOR COUNCIL   | <b>c. ID Number</b>                      |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>2205 WILSON STREET<br>DURHAM, NC 27705 | <b>d. Date Filed</b><br>09/25/2024       |
|  | <b>e. Phone Number</b><br>(919) 949-6514 |

|                               |  |  |  |
|-------------------------------|--|--|--|
| <b>2. Report Year</b><br>2024 | <b>3. Period Start Date (mm/dd/yy)</b><br>01/01/2024 | <b>4. Period End Date (mm/dd/yy)</b><br>09/24/2024 | <b>5. Treasurer Full Name</b><br>KATHLEEN SINCLAIR |
|-------------------------------|--|--|--|

|   |   |  |   |   |
|---|---|--|---|---|
| <b>6. Type of Committee (Check One)</b>                             |   | <b>9. Type of Report (check only one type of report from one category)</b> |   |   |
| <input checked="" type="checkbox"/> Candidate Campaign              | <input type="checkbox"/> Party              | <b>Municipal</b>   | <b>State/County</b>                     | <b>Referendum</b>                           |
| <input type="checkbox"/> Joint Fundraiser                           | <input type="checkbox"/> PAC                | <input type="checkbox"/> Organizational                                    | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Referendum                                 | <input type="checkbox"/> Legal Expense Fund | <input checked="" type="checkbox"/> Thirty-five day                        | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum     |
| <b>7. Type of Fund (if applicable, check one)</b>                   |   | <input type="checkbox"/> Pre-primary                                       | <input type="checkbox"/> First          | <input type="checkbox"/> Final              |
| <input type="checkbox"/> "Booster Fund"                             |   | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund                              |   | <input type="checkbox"/> Pre-runoff  | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> Presidential Election Year Candidates Fund |   | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special            |
| <input type="checkbox"/> NC Public Campaign Financing Fund          |   | <input type="checkbox"/> Mid Year  | <input type="checkbox"/> Semi-annual    |   |
| <input type="checkbox"/> Other:                                     |   | <input type="checkbox"/> Year End  | <input type="checkbox"/> Mid Year       | <b>10. Special Report Name</b>              |
| <b>8. Number of Fundraisers this Report</b>                         |   | <input type="checkbox"/> Final   | <input type="checkbox"/> Year End       |   |
| 0   |   | <input type="checkbox"/> Special   | <input type="checkbox"/> Final          |   |
|   |   |  | <input type="checkbox"/> Special        |   |

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| <b>3. Account Information</b>   |   | <b>3. Account Information</b>             |                                      |
| <b>a. Financial Institution Full Name</b><br>TRUIST                     |   | <b>a. Financial Institution Full Name</b> |                                      |
| <b>b. Purpose</b><br>CANDIDATE MANAGEMENT OF DONATIONS AND EXPENDITURES | <b>c. Account Code</b><br>A                   | <b>b. Purpose</b>                         | <b>c. Account Code</b>               |
|   | <b>d. Period Begin Balance</b><br>\$ 6,686.54 |   | <b>d. Period Begin Balance</b><br>\$ |

**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

Kathleen Sinclair      Kathleen Sinclair      09/25/2024  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

|                          |                 |   |
|--------------------------|-----------------|---|
| Date Received: _____     | Employee: _____ | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: _____   | Employee: _____ |   |
| Date Scanned: _____      | Employee: _____ |   |
| Date Data Entered: _____ | Employee: _____ |   |

**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.

MAIL  
SEP 30 2024  
DURHAM BOE