

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 | | | c. ID Number | |
| Leo For Durham | | | DUR - BCLP 35 | |
| b. Mailing Address (Include City, State and Zip Code) | | | d. Date Filed | |
| PO Box 287 Durham, NC 27702-0287 | | | 01/16/2024 | |
| | | | e. Phone Number | |
| | | | | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yyyy) | 5. Treasurer Full Name | |
| 2023 | 10/24/2023 | 12/31/2023 | 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 type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input checked="" 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 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 | | | | |
| 1 | | | | |

IN PERSON

| 11. Account Information | |
|------------------------------------|-------------------------|
| a. Financial Institution Full Name | |
| Mechanics and Farmers Bank | |
| JAN 16 2024 | |
| b. Purpose | c. Account Code |
| Campaign | 01 |
| | DURHAM BOE |
| | 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

01-16-2024
Date

FOR OFFICE USE ONLY

| | | |
|----------------------------------|---------------------|---|
| Date Received: <u>01/16/2024</u> | Employee: <u>KA</u> | 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.