
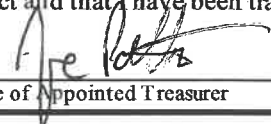


Disclosure Report Cover

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.

1. Committee Information			
a. Full Name		c. ID Number	
CAROLINA FEDERATION PAC		STA-GP7A10-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
PO BOX 61844 DURHAM, NC 27715		09/28/2023	
		e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/01/2023	12/31/2023	LOLITA WYNN
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum <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 <input type="checkbox"/> 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 type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
0			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
MECHANICS AND FARMERS BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
PAC CONTRIBUTIONS AND EXPENDITURES	02		
	d. Period Begin Balance		d. Period Begin Balance
	\$		\$
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			
 _____ Printed Name of Signer		 _____ Signature of Appointed Treasurer	
		09/28/2023 Date	
FOR OFFICE USE ONLY			
Date Received:	10/2/23	Employee:	SK
Date Postmarked:	9/28/23	Employee:	SK
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input 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.			

Non-Monetary Gifts Given to Other Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
CAROLINA FEDERATION PAC		STA-GP7A10-C-001	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
JAVIERA FOR DURHAM 606 ENGLEWOOD ST DURHAM, NC 27704		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee			
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
STAFF DIRECT SUPPORT		09/08/2023	\$ 132.00
			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
KHALILAH FOR DURHAM PO BOX 92 DURHAM, NC 27701		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	
d. Comments			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure <input checked="" type="checkbox"/> Contribution to Candidate/Political Committee			
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
STAFF DIRECT SUPPORT		09/25/2023	\$ 396.00
			\$
4. Total only this Page		\$	528.00
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100)		\$	528.00

CRO-1330

NC State Board of Elections

December 2007

MAIL

OCT 02 2023

DURHAM BOE