

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 | | c. ID Number |
| a. Full Name DURHAM PROGRESSIVE DEMOCRATS | | |
| b. Mailing Address (include City, State and Zip Code) NC 109 W Piedmont Ave Durham, NC 27707 | | d. Date Filed 02/24/2024 |
| | | e. Phone Number |

MAIL
FEB 26 2024

| | | | |
|-------------------------------|--|--|--|
| 2. Report Year 2024 | 3. Period Start Date (mm/dd/yy) 01/01/2024 | 4. Period End Date (mm/dd/yy) 02/17/2024 | 5. Treasurer Full Name HANNAH POSNER |
|-------------------------------|--|--|--|

| | | | |
|---|---|--|---|
| 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 checked="" type="checkbox"/> Party | Municipal | State/County |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-primary | <input checked="" type="checkbox"/> First |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| <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 |
| 8. Number of Fundraisers this Report 0 | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final |
| | | | <input type="checkbox"/> Special |
| | | 10. Special Report Name | |

| | | | |
|---|---|---|---|
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name MECHANICS AND FARMERS BANK | | a. Financial Institution Full Name MECHANICS & FARMERS BANK | |
| b. Purpose GENERAL FUND | c. Account Code 0001 | b. Purpose ACCOUNT FOR PAYMENT | c. Account Code 0002 |
| | d. Period Begin Balance \$ 234.17 | | d. Period Begin Balance \$ 921.70 |

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

Hannah Posner Printed Name of Signer Hannah Posner Signature of Appointed Treasurer 02/24/2024 Date

FOR OFFICE USE ONLY

| | | | | |
|--------------------|------------|-----------|-----|--|
| Date Received: | 02/26/2024 | Employee: | RJA | 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 |
| Date Postmarked: | 02/24/2024 | Employee: | RJA | |
| 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.