

# 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>		<b>c. ID Number</b>	
Committee to Elect Nida Allam		UCLWH7	
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Date Filed</b>	
321 Olive Branch Rd Durham, NC 27703-9207		01/31/2020	
		<b>e. Phone Number</b>	
		(919) 473-6471	
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yyyy)</b>	<b>5. Treasurer Full Name</b>
2019	10/26/2019	12/31/2019	Phil Seib

<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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <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	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> 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	<b>Referendum</b> <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
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
<b>8. Number of Fundraisers this Report</b>				
1				

<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b>	
Wells Fargo Bank	
<b>b. Purpose</b>	<b>c. Account Code</b>
CAMPAIGN RECEIPTS & EXPENDITURES	CR01
	<b>d. Period Begin Balance</b>
	\$ 25.00

## 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

Phil Seib  
 Signature of Appointed Treasurer

01/31/2020  
 Date

## FOR OFFICE USE ONLY

Date Received: 1/31/2020 Employee: IN PERSON  
 Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Date Scanned: JAN 31 2020 Employee: \_\_\_\_\_  
 Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

## Delivery Method

☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed  
☐ 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.