

# 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

<b>a. Full Name</b> Committee to Elect Nida Allam		<b>c. ID Number</b> UCLWH7	
<b>b. Mailing Address (include City, State and Zip Code)</b> 321 Olive Branch Rd Durham, NC 27703-9207		<b>d. Date Filed</b> 07/08/2020	
		<b>e. Phone Number</b> (919) 473-6471	
<b>2. Report Year</b> 2020	<b>3. Period Start Date (mm/dd/yy)</b> 02/16/2020	<b>4. Period End Date (mm/dd/yyyy)</b> 06/30/2020	<b>5. Treasurer Full Name</b> Phil Seib

## 6. Type of Committee (Check one)

- ☒ Candidate Campaign  
☐ PAC  
☐ Independent Expenditure  
☐ Legal Expense Fund
- ☐ Party  
☐ Referendum  
☐ Joint Fundraiser

## 7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"  
☐ Building Fund  
☒ Other: NC Candidates Financing Fund

## 8. Number of Fundraisers this Report

2

## 9. Type of Report (check only one type of report from one category)

### Municipal

- ☐ Organizational  
☐ Thirty-five day  
☐ Pre-primary  
☐ Pre-election  
☐ Pre-runoff  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### State/County

- ☐ Organizational  
Quarterly  
☐ First  
☐ Second  
☐ Third  
☐ Fourth  
☐ Semi-annual  
☒ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### Referendum

- ☐ Organizational  
☐ Pre-referendum  
☐ Final  
☐ Supplemental Final  
☐ Annual  
☐ Special

## 10. Special Report Name


## 11. Account Information

<b>a. Financial Institution Full Name</b> Wells Fargo Bank	
<b>b. Purpose</b> CAMPAIGN RECEIPTS & EXPENDITURES	<b>c. Account Code</b> CR01
	<b>d. Period Begin Balance</b> \$ 35,757.64

## 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 of Appointed Treasurer

07-08-2020  
Date

## FOR OFFICE USE ONLY

Date Received: _____	Employee: _____
Date Postmarked: _____	Employee: _____
Date Scanned: _____	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.

CRO-1000

NC State Board of Elections

JUL 09 2020

August 2008

DURHAM BOE