

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 Nida for Durham	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 3551 Durham, NC 27702-3551	d. Date Filed 02/26/2024
	e. Phone Number

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 01/01/2024	4. Period End Date (mm/dd/yyyy) 02/17/2024	5. Treasurer Full Name Phil Seib
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6. Type of Committee (Check one) <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	9. Type of Report (check only one type of report from one category) 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 State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" 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 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) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other: NC Candidates Financing Fund	10. Special Report Name
8. Number of Fundraisers this Report 1			

11. Account Information

a. Financial Institution Full Name Latino Community Credit Union	c. Account Code 001
b. Purpose Receipts and Expenditures IN PERSON FEB 27 2024	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

CM
Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

Date Received:

2/27/24

Employee:

CM

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.