## Disclosure Report Cover

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. La Cart L. Committee Information a. Full Name c. ID Number COMMITTEE TO ELECT NATE BAKER b. Mailing Address (include City, State and Zip Code) d. Date Filed 1810 NORTHGATE STREET 11/08/2023 DURHAM, NC 27704 e. Phone Number 2. Report Year | 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name PABLO FRIEDMANN 2023 09/26/2023 10/23/2023 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign ☐ Party State/County Municipal Referendum ☐ Joint Fundraiser ☐ PAC Organizational Organizational Organizational Referendum Legal Expense Fund Thirty-five day Quarterly ☐ Pre-referendum (if applicable, check one) 7. Type of Fund Pre-primary First ☐ Final Booster Fund" X Pre-election Second Supplemental Final Building Fund Pre-rmoff Third Annual Presidential Election Year Candidates Fund Semi-annual Fourth Special NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Final Year End 8. Number of Fundraisers this Report П ☐ Final Special Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name LATINO COMMUNITY CREDIT UNION b. Purpose c. Account Code b. Purpose c. Account Code CAMPAIGN RELATED 0 ACTIVITY d. Period Begin Balance d. Period Begin Balance \$ 13,297.08 S 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 11/13/2023 table triedmann 11/08/2023 Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Delivery Method Date Received: Normal Mail Registered Mail Date Postmarked: mployee Hand Delivered ☐ Electronically Filed Date Scanned: Employee DURHAM BOE ☐ Signer has not received Date Data Entered Employee 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.