Amendment	
Yes	✓ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

	m to update information			-		-		
1. Committee Information								
a. Full Name					c. ID Number			
Michelle for Durham						DUR-4CL8Q3		
b. Mailing Address (include City, State and Zip Code)					d. Date Filed			
PO Box 25504					02/26/2024			
Durham, NC 27702-5504					e. Phone Number			
						0.11		
2 Report Year	3. Period Start Date (mm/dd/y	v)	4 Period End D	ate (r	nm/dd/vvvv)	5 Tre	asurer Full Name	
2024	01/01/2024					Phil Seib		
2021	0.70 77.110.22 1		027.	.,,		0		
6. Type of Comm	ittee (Check one)						rt from one category)	
✓ Candidate Carr	npaign Party	Munic			State/County		Referendum	
☐ □PAC	Referendum		ganizational		Organizatio	nal	Organizational	
Independent Ex	xpenditure  Joint Fundraiser		nirty-five day		Quarterly	- 1	Pre-referendum	
Legal Expense			e-primary		First	- 1	Final	
	1 0000		e-election		Second	- 1	Supplemental Final	
7. Type of Fund	(if applicable, check one)	. L_JPr	e-runoff		Third		Annual	
		_ s	emi-annual		Fourth	- 1	Special	
Booster Fund		l 📙	Mid Year		Semi-annua	al  -	10. Special Report Name	
Building Fund			Year End		Mid Year			
✓ Other: NC C	andidates Financing Fund	Fi			Year End	d		
8. Number of Fun	draisers this Report	∐St	pecial		Final			
2		1		- 1	Special	- 1		
11. Account Infor	mation							
a. Financial Institution Full Name								
Latino Community Credit Union								
b. Purpose			ERSON c. Account Code					
Credits and Recie	pts	L110	JOIN	001				
FEB			2 6 2024 d. Period Begin Ba			alance		
\$ 0.				\$ 0.	0.00			
CERTIFICATION DURI IAM BOE								
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.								
This This	Sento	2	MX	1		. 01 2.10	0.0010.	
Printed	Name of Signer	Si	gnature of Appoir	nted T	reasurer	<del></del>	Date	
FOR OFFICE USE	EONLY - In Inc.		Λ.	M A		D	elivery Method	
Date Receive	d: 010104	Er	mplovee:	(1/		, Ē	Normal Mail	
Date Postmar	kad:		-				Registered Mail	
		c	nployee:				Hand Delivered	
Date Scanned	<u> </u>	Eı	nployee:	_		- [	Electronically Filed	
Date Data En	tered:	Er	mployee:			_ [	Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,								
	assistant treasur	er, cust	odian of books in	nform	ation, or accou	nt infor	mation.	
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.								
CRO-1000		NIC Stat	te Board of Election	one			August 2008	