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 fo	rm to uodate information				2,12			
a. Full Name				-		c. IE	) Number	
Khalilah for Durha	m							
1								
b. Mailing Address (include City, State and Zip Code)					d. Date Filed			
PO Box 92				09/05/2023				
Durham, NC 27702-0092			e. Phone Number					
2. Report Year	3. Period Start Date (mm/dd/y	y) 4. Period End Date (mm/dd/yyyy)			mm/dd/yyyy)	5. Treasurer Full Name		
2023	07/01/2023	08/29/2023			23	Phil Seib		
6. Type of Comm	ittee (Check one)	9. Tvr Munic		eck c	only one type of State/County	of repo	ort from one category) Referendum	
✓ Candidate Can	npaign Party		rganizational		Organizatio	mal	Organizational	
□PAC	Referendum		hirty-five day		Quarterly	niai	Pre-referendum	
Independent E	xpenditure		re-primary		First		Final	
Legal Expense	Fund		re-election		Second		Supplemental Final	
			re-runoff		☐ Third			
7. Type of Fund	(if applicable, check one)	1 -	Semi-annual		Fourth		Annual Special	
"Booster Fund"				Semi-annu	al			
Building Fund			Year End	- 1	☐ Mid Yea	ır	10. Special Report Name	
Other: NC C	andidates Financing Fund	□Fi	inal		Year En	d		
	ndraisers this Report	∥⊟s	pecial		Final			
2		1			Special			
11. Account Infor	mation	_		_				
a. Financial Instit	tution Full Name			-11/				
Latino Community	Credit Union							
b. Purpose c. Account Code				ccount Code				
Reciepts and Expenditures				01				
d. Period Begin B				alance				
			\$ 0.00			aidi i o c		
\$ 0.00								
163 of the NC Go that this report is	Committee or Fund is in compliar eneral Statutes and that no funds complete, frue and correct and t	are co	mmingled with pro	hibite y the	ed or other undi	sclose	ed funds. I further certify	
FOR OFFICE USI			<u> </u>	0	) ,		Delivery Method	
Date Receive	9/5/22	F	mplovee:	ΙX	M-	Î	Normal Mail	
Date Postmar	- /	IN	EBSON			_ [	Registered Mail	
	<u> </u>	11 A B	111 <del>101</del> 0766.			T [	Hand Delivered	
Date Scanned	d: :	Employee: SEP 0 5 2025			- [	☐ Electronically Filed		
Date Data En	tered:	Employee:					Signer has not received mandatory training	
Please Note: This form cannot be used to ame local mornation such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.								
You	must amend the Statement of							
CRO-1000		NC Sta	NC State Board of Elections A				August 2008	