Amendment	
Yes	✓No

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

	rm to update information							
1. Committee In	itormation							
a. Full Name					c. ID Number			
Mike Lee for Durham					DUR-MCLW45			
b. Mailing Address (include City, State and Zip Code)			d. Date Filed					
PO Box 2241			01/26/2024					
Durham, NC 27702-2241			e. Phone Number					
					C. I HORE WANDER			
2. Report Year	3. Period Start Date (mm/dd/y	y) 4. Period End Date (mm/dd/yyyy)				5. Treasurer Full Name		
2023	07/01/2023					Phil Seib		
6. Type of Comm	ittee (Check one)	9. Typ Munic		neck o	only one type of State/County	of repo	ort from one category) Referendum	
Candidate Cam	npaign Party				_			
PAC	Referendum		rganizational	- 1	Organizatio	nal	Organizational	
Independent Ex			nirty-five day		Quarterly		Pre-referendum	
Legal Expense			e-primary		First		Final	
	i ulia		e-election	- 1	Second	- 1	Supplemental Final	
		Pr	re-runoff		Third		Annual Annual	
7. Type of Fund	(if applicable, check one)	s	lemi-annual		Fourth		Special	
Booster Fund	ļu		Mid Year	- 1	Semi-annua	al	10. Special Report Name	
Building Fund			Year End		Mid Yea	r	To. Opecial Report Haine	
Other:		□Fi	nal		Year En	d		
لسنا	draisers this Report	∏S₁	oecial		Final			
0.140311001 011 211	aldisers the Nebolt				Special			
11. Account Infor	mation							
a. Financial Institution Full Name								
Latino Community Credit Union								
b. Purpose c. Account Code								
Credits and Reciepts				01				
					. 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 repen is complete, true and correct and that I have been trained by the NC State Board of Elections. Printed Name of Signer Signature of Appointed Treasurer Date								
FOR OFFICE USE	ONLY			1.		Г	Delivery Method	
Date Received	1/2/1/1	Er	nplovee:(<u>W</u>		_ [Normal Mail	
Date Postmar	ked: INI PERA	Er	mployee:		•		Registered Mail	
	IN PERSON		-			-	Hand Delivered	
Date Scanned	l:	E	mployee:			- [☐ Electronically Filed	
Date Data Ent	3111 2 0 2027		mployee:				Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer ,								
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.								
Four must amend the Statement of Organization (CRO-2100A-E) to make committee changes. NC State Board of Elections August 2008								