Amendment Yes ✓ No **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 1. Committee Information c. ID Number a. Full Name Not AssigneD Carl for Durham yet. d. Date Filed b. Mailing Address (include City, State and Zip Code) 07/13/2023 PO Box 325 Durham, NC 27702-0325 e. Phone Number 5. Treasurer Full Name 4. Period End Date (mm/dd/yyyy) 2. Report Year 3. Period Start Date (mm/dd/yy) 2023 11/08/2022 06/30/2023 Phil Seib 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check one) State/County Referendum Municipal ✓ Candidate Campaign Party Organizational Organizational Organizational PAC Referendum Thirty-five day Pre-referendum Quarterly Independent Expenditure Joint Fundraiser First Pre-primary Legal Expense Fund Pre-election Second Supplemental Final Pre-runoff Third Annual 7. Type of Fund (if applicable, check one) Fourth Semi-annual Special Mid Year "Booster Fund"  $\overline{\mathbf{V}}$ Semi-annual 10. Special Report Name Building Fund Year End Mid Year Finai Year End Other: NC Candidates Financing Fund Special Final 8. Number of Fundraisers this Report Special 11. Account Information a. Financial Institution Full Name Latino Community Credit Union c. Account Code b. Purpose 01 Credits and Reciepts 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. 13/2023 Deib Signature of Appointed Treasurer Printed Name of Signer

## Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Employee: Date Data Entered: Employee: Date Signature of Appointed Treasurer Delivery Method Normal Mail Registered Mail Hand Delivered Employee: Date Data Entered: Employee: Signature of Appointed Treasurer Date

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.

CRO-1000

NC State Board of Elections

August 2008

mandatory training