

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.

Amendment

☐ Yes ☒ No

1. Committee Information

a. Full Name

ELECT BRIAN ECHEVARRIA

c. ID Number

STA-657J73-C-001

b. Mailing Address (include City, State and Zip Code)

PO BOX 97275
RALEIGH, NC 27624

d. Date Filed

2/15/2026

e. Phone Number

704-918-5759

2. Report Year

2026

3. Period Start Date (mm/dd/yy)

1/1/2026

4. Period End Date (mm/dd/yy)

2/14/2026

5. Treasurer Full Name

Collin McMichael

6. Type of Committee (Check One)

- ☐ Candidate Campaign ☐ Party
☐ PAC ☐ Referendum
☐ Independent Expenditure ☐ Joint Fundraiser
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund
☐ Building Fund
☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Truist Bank

b. Purpose

Checking

c. Account Code

01

d. Period Begin Balance

\$

11. Account Information

a. Financial Institution Full Name

b. Purpose

Checking

c. Account Code

d. Period Begin Balance

\$

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 of Elections.

Collin McMichael

2/15/2026

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

Date Received:

2/27/26

Employee:

Date Postmarked:

2/24/26

Employee:

Date Scanned:

3/2/26

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☒ Registered Mail
☐ Hand Delivered
☒ Electronically Filed
☐ Signer has not received mandatory training.

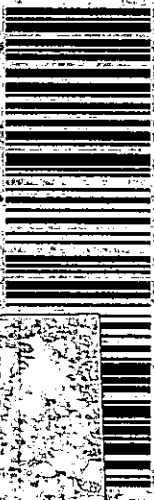
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

U.S. POSTAGE IMI

\$9.74

ECMF RDC 99
Orig: 27687 MB
Dest: 27611
02/24/26
2000052525

CPU



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North Carolina State Board of Elections
Campaign Finance Division
PO Box 27255
Raleigh NC 27611-7255