

Disclosure Report Cover

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 form to update information.

I. 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			RECEIVED	
			JUL 07 2026	
			NC STATE BOARD OF ELECTIONS	
d. Date Filed 7/1/2026				
e. Phone Number 704-918-5759				
2. Report Year 2026	3. Period Start Date (mm/dd/yy) 2/15/2026	4. Period End Date (mm/dd/yy) 6/30/2026	5. Treasurer Full Name Collin McMichael	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☐ Candidate Campaign ☐ Party ☐ PAC ☐ Referendum ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Legal Expense Fund		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		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
☐ Booster Fund ☐ Building Fund ☐ Other:				
8. Number of Fundraisers this Report				
II. Account Information		III. Account Information		
a. Financial Institution Full Name Truist Bank		a. Financial Institution Full Name		
b. Purpose Checking	c. Account Code 01	b. Purpose Checking	c. Account Code	
	d. Period Begin Balance \$		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				7/1/2026
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	7/7/26	Employee:	T.R.	
Date Postmarked:	7/8/26	Employee:	T.R.	
Date Scanned:	7/8/26	Employee:	BR	
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.				



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NC STATE BOARD OF ELECTIONS

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