Statement of Organization - Political Action Committee Use this form to create a new or update an existing political action committee (PAC).

Amendment 🔲 No **Yes**

This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

1. Committee Information						
a. Full Name						c. ID Number
b. Mailing Address (include City, State and Zip Code)						d. Date Organized
						e. Phone Number
2. Political Action Committee Information				3. Connected Organization or Affiliated Committee		
a. Category (Check only one)				a. Full Name		
Banking/Finance	ion only only	Legal				
Building/Real Estate	э	Manufactu	ring			
Conservative/Libera		Minority	8	b. Mailing Address (in	clude City, Stat	te. and Zip Code)
Environment			arty not part of			
Get Out the Vote		Party Plan				
Health		Religious	C			
Information Technol	logy /	Trade		c. Phone Number	d. Relatio	onship
Telecommunications	<u> </u>	Utilities				
Insurance		Other / No	t listed			
b. Type (Check only on	e) c. Definiți	ion of Type		d. Member Definition		
Parent Entity						
Economic Interest						
Political Purpose						
4. Treasurer Information				5. Custodian of Books Information		
a. Full Name				a. Full Name		
b. Mailing Address (include City, State, and Zip Code)				b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number d. Email Address				c. Phone Number	d. Email	Address
I prefer to receive notices by email \Box Yes \Box No				Email copy of notices		
6. Assistant Treasurer Information Add				7. Account Information (incl. CRO-3500) Add		
a. Full Name Remove				a. Financial Institution	n Full Name	Remove
h Mailing Address (include City, State and Zin Cada)				1. D		
b. Mailing Address (include City, State, and Zip Code)				b. Purpose		
c. Phone Number	d. Email Addr			c. Account Code		
c. Phone Number	a. Email Addr	ess		c. Account Code	d. Type	
Email copy of r	notices					
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.						
Printed Name of Signer			Sig	gnature of Appointed Trea	Date	
CRO-2100D			NC State Boa	ard of Elections	July 2014	