Additional Committee Use this form to notify the Election			age nmittee has s	of set up an	Amendment Yes additional funct	No No
1. Committee Full Name		2. Set-up D		3. ID Number		
4. Fund Information						
a. Name of Fund			-	b. ID Number		
с. Туре		e Account	Informatio	n (incl	. CRO-3500)	Add
Booster" or "Support" Fund	i. Financial Institution Full Name					
Building Fund						
NC Public Campaign Financing Fun						
NC Political Party Financing Fund	ii. Purpose					
Presidential Election Year Candidate						
Other:						
d. Fund Manager Full Name	Treasurer Assistant	iii. Account C	Code	iv. Type		
4. Fund Information						
a. Name of Fund				b. ID Number		
с. Туре		Informatio		. CRO-3500)	Add	
"Booster" or "Support" Fund	i. Financial Institution Full Name Remove					
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NC Public Campaign Financing Fund	ii. Purpose					
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Other:	<u> </u>					
d. Fund Manager Full Name	Treasurer Assistant	iii. Account C	Code	iv. Type		
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a. Name of Fund	_	_	_	b. ID Number		
o Tripo		a Account	Informatio	n (in al	CRO 2500)	Add
c. Type Booster" or "Support" Fund	e. Account Information (incl. CRO-3500) Add i. Financial Institution Full Name Remove					
Building Fund	n i munchui i	istitution i un	i (unic		Itemote	
NC Public Campaign Financing Fun	d					
NC Political Party Financing Fund	ii. Purpose					
Presidential Election Year Candidate	s Fund					
Other:						
Other: d. Fund Manager Full Name	Treasurer Assistant	iii. Account C	Code	iv. Type		
				- J P -		
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 Cancerel Statutes and that no funds are comminged with prohibited or other non disclosed funds.						
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.						
further certify that this report is	complete, une and correct.					
Printed Name of SignerSignature of Appointed TreasurerDate						