Statement of Organization - Political Action Committee Use this form to create a new or update an existing political action committee (PAC). This form must be accompanied by form CRO-3500 (when amending, only re-submit if applicable)

Amendment Yes

	1. Committee Information				
a. Full Name				c. ID Number	
Building Leaders Among Communit			y PAC		
b. Mailing Address (inc	lude City, State and Zip Code	e)	IN PERSON	d. Date Organized	
PO BOX 3344			IN PERSON	03/07/2023	
Ducham	NC 27702		MAR 1 3 2023	e. Phone Number	
	, 100			919-225-0975	
2 Delisted Committee Information			3. Connected Organization or Affiliated Committee		
2. Political Action Committee Information a. Category (Check only one)					
a. Category (Che Banking/Finance	and the second		a. Full Name		
	Legal e Manufac	és sufes es			
Building/Real Estat	(Charles)	~	h Walliam t ddman (luchuda	City State and 25 Call	
Conservative/Liberal Minority		b. Mailing Address (include City, State, and Zip Code)			
Environment Political Party not part of					
Get Out the Vote Party Plan of Org.					
Health	Religiou	S		I. n	
Information Techno			c. Phone Number	d. Relationship	
Telecommunication					
Insurance	Other / N	lot listed			
b. Type (Check only or	c. Definition of Type	150	d. Member Definition		
Parent Entity To support & endorse		Individuals and organizations			
Economic Interest Candidates Committed			committed to	Eawty.	
Political Purpose to Equity					
4. Treasurer Information			5. Custodian of Books Information		
a. Full Name			a. Full Name		
Eileen J. Morgan			Eileen J. Morgan		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
PO Box 3344			PO BUX 3344		
Durham, NC 27702			Durham, NC 27702		
c. Phone Number d. Email Address			c. Phone Number	d. Email Address	
919-225-0975	estimorgan466	gmail. Lam	919-225-0975	estimorgan@gmail,com	
I prefer to receive notices by email Yes No			☑ Email copy of notices		
6. Assistant Treasurer Information			7. Account Information (incl. CRO-3500) Add		
a. Full Name Remove			a. Financial Institution Full Name Remove		
		Account NOT Yet opened			
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			m un-pour		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
Email copy of notices			1		
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 like Morgan 3/13/2023					
Printed Name of Signer Signature of Appointed Treasurer Date					