

Statement of Organization - Political Action Committee

Amendment
 Yes No

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)

1. Committee Information			
a. Full Name Durham Christian PAC		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 4706 Miller Drive Durham, North Carolina 27704		d. Date Organized 1/21/2019	
		e. Phone Number 919-641-4516	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one) <input type="checkbox"/> Banking/Finance <input type="checkbox"/> Legal <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Minority <input type="checkbox"/> Environment <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Get Out the Vote <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Health <input type="checkbox"/> Trade <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Utilities <input type="checkbox"/> Insurance <input type="checkbox"/> Other / Not listed		a. Full Name	
b. Type (Check only one) <input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose		b. Mailing Address (include City, State, and Zip Code)	
c. Definition of Type		c. Phone Number	
		d. Relationship	
		d. Member Definition	
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		c. Phone Number	
d. Email Address		d. Email Address	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose IN PERSON JAN 22 2019 DURHAM BOE	
c. Phone Number		c. Account Code	
d. Email Address		d. Type	
<input type="checkbox"/> Email copy of notices pebbleslucas@aol.com			
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.			
Lucille Handbury Moore		1/22/2019	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	