

# 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.

Amendment

☐ Yes

☐ No

<b>1. Committee Information</b>			
a. Full Name <u>The Durham Empowerment Alliance</u>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>PO Box 267</u> <u>Durham NC 27702</u>		d. Date Organized <u>1/26/2012</u>	
		e. Phone Number <u>919-937-9441</u>	
<b>2. Political Action Committee Information</b>		<b>3. Connected Organization or Affiliated Committee</b>	
a. Category (Check only one) <input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other / Not listed		a. Full Name	
b. Type (Check only one) <input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose		b. Mailing Address (include City, State, and Zip Code)	
c. Definition of Type <u>influence public policy</u>		c. Phone Number	
		d. Relationship	
		d. Member Definition	
<b>4. Treasurer Information</b>		<b>5. Custodian of Books Information</b>	
a. Full Name <u>Regina D King</u>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <u>PO Box 267</u> <u>Durham NC 27702</u>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <u>919-937-9441</u>		c. Phone Number	
d. Email Address <u>risking22@aol.com</u>		d. Email Address	
<b>6. Assistant Treasurer Information</b>		<b>7. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number		c. Account Code	
d. Email Address		d. Type	
<b>CERTIFICATION</b>			
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.			
<u>Regina D King</u> Printed Name of Signer		<u>Regina D King</u> Signature of Appointed Treasurer	
		<u>1/26/2012</u> Date	