Statement of Organization - Political Action Committee

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.

1. Committee Inform					
a. Full Name			c. ID Number	c. ID Number	
Durham Democratic Political Action Committee					
b. Mailing Address (include City, State and Zip Code)			4. Date Organized		
2972 A	Alpine Road		09/06/	2011	
da de la constitución de la cons	/		c. Phone Number		
Durham	, North Carolina 27	707	(919)730	-4109	
2. Political Action Co.	muittee information	3. Connected Orga	nization or Affiliated	ittee	
a. Category (Check only one)		a. Full Name			
Banking/Finance	Legal				
Building/Real Estate	Manufacturing				
Conservative/Liberal	☐ Minority	b. Mailing Address (include City, State, and Zip Code)			
Environment	Political Party not part of Party Plan of Org.				
Get Out the Vote Health	Religious				
I 	H	c. Phone Number d. Relationship			
Information Technolo Telecommunications	Utilities	CI DE NEDE	C Renovaly		
Insurance	Other / Not listed				
b. Type (Check only or		4. Member Definition			
Parent Entity		<u> </u>			
Economic Interest			DECENT	-57	
Political Purpose			RECEIVE	בט ן	
4. Tresourer latermation		5. Custodian of Box			
a. Full Name		a. Full Name	SEP J 6 201	(1	
Phullis Hester			DURHAM COL		
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (inc	lade City, BOARD OF ELECT	IUNS	
2222 Alpine Road					
Durham	NC 27707				
c. Phone Number	4. Email Address	c. Phone Number	4. Email Address		
419)730-4109	Phesterbtr@gmail.cm	ĸ			
6. Assistant Trensurer Information		7. Account Informs	stion (incl. CRO-3500)		
a. Full Name Remove		2. Figuratial Institution	Full Name	Remove	
		 			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
c. Phone Number	4. Email Address	c.Account Code	4 Type		
			— -JF-		
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.					
Phyllis L. Hester Phyllis L. Klester 09/06/2011 Printed Name of Signer Signature of Appointed Treasurer Date					
C Signature of Apparent					