

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

1. Committee Information

a. Full Name

Write-In Jan Herman for Mayor

c. ID Number

b. Mailing Address (include City, State and Zip Code)

405 5th St NE
Conover, NC 28613

d. Date Organized

10/09/2017

e. Phone Number

828-695-8271

2. Political Action Committee Information

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 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 checked="" type="checkbox"/> Other / Not listed |

b. Type (Check only one)

- ☐ Parent Entity
☐ Economic Interest
☒ Political Purpose

c. Definition of Type

Write-In Jan Herman
for Mayor

3. Connected Organization or Affiliated Committee

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Relationship

d. Member Definition

4. Treasurer Information

a. Full Name

Kay H. Matthews

b. Mailing Address (include City, State, and Zip Code)

405 5th St NE
Conover, NC 28613

c. Phone Number

828-695-8271

d. Email Address

5. Custodian of Books Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

6. Assistant Treasurer Information

☐ Add
☐ Remove

a. Full Name

7. Account Information (incl. CRO-3500)

☐ Add
☐ Remove

a. Financial Institution Full Name

Captial Bank

b. Mailing Address (include City, State, and Zip Code)

b. Purpose

Campaign Acct

c. Phone Number

d. Email Address

c. Account Code

KHM

d. Type

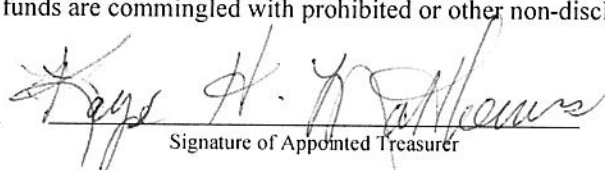
Checking

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.

Kay H. Matthews

Printed Name of Signer



Signature of Appointed Treasurer

10/09/2017

Date