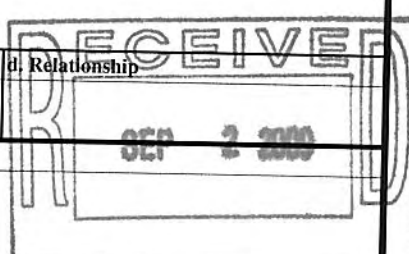


Statement of Organization - Political Action Committee

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 Conover Votes	c. ID Number
b. Mailing Address (include City, State and Zip Code) Po Box 363 Conover NC 28613	d. Date Organized 9-2-09
	e. Phone Number 828-291-4630

2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input checked="" 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 type="checkbox"/> Other / Not listed	b. Mailing Address (include City, State, and Zip Code)	
b. Type (Check only one)	c. Definition of Type	c. Phone Number	d. Relationship
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose			
d. Member Definition			

4. Treasurer Information		5. Custodian of Books Information	
a. Full Name Charles Lethcoe		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) Po Box 363 Conover NC 28613		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 828-291-4630	d. Email Address e-lethcoe@yahoo.com	c. Phone Number	d. Email Address

6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		BB&T Branch Banking & Trust	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Political	
		c. Account Code CONO	d. Type Business Checking
c. Phone Number	d. Email Address		

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.

CHARLES LETHCOE *Charles Lethcoe* **9-2-09**
 Printed Name of Signer Signature of Appointed Treasurer Date