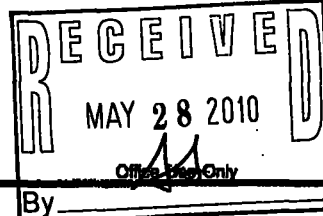


FEC FORM 1

STATEMENT OF ORGANIZATION



1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

By 12FE4M5

African American Caucus of, North Carolina democratic party

ADDRESS (number and street)

2005 Acorn road

(Check if address is changed)

Greensboro

nc

27406

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

phoenix@ncat.edu

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 05 27 2010

3. FEC IDENTIFICATION NUMBER C00407627

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gloria Phoenix

Signature of Treasurer [Handwritten Signature]

Date 05 27 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-894-1100

FEC FORM 1 (Revised 02/2009)

10030341197

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a **state** (National, State or subordinate) committee of the **democratic** (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

10030341198

FEC Form 1 (Revised 02/2008)

Page 3

Write or Type Committee Name

African American Caucus of North Carolina democratic party

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Harold I Harriston

Mailing Address PO Box 1723

Winston Salem, NC 27102

Title or Position CITY STATE ZIP CODE

President Telephone number 336 833 3624

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Gloria Phoenix

Mailing Address 2005 Acom Rd

Greensboro NC 27406

Title or Position CITY STATE ZIP CODE

treasurer Telephone number 226 965 8828

10030341199

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Full Name of Designated Agent

Barbara J Whitman

Mailing Address

2537 dality drive

Raleigh

CITY

NC

STATE

27604

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

919

424

1122

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Truliant Federal Credit Union

Mailing Address

PO BOX 26000

PO BOX 26000

Winston Salem

CITY

NC

STATE

27114

ZIP CODE

6000

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030341200

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input checked="" type="checkbox"/> Received from Electronic Filing Office	Date of Receipt 5/28/10
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JM 10
 PREPARER

5/28/10
 DATE PREPARED

10030341201