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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FEAMS

African American Caucus of the North Carolina Democratic Party

ADDRESS (number and street) 220 Hillsborough Street

(Check if address is changed)

Raleigh NC 27603-1174

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS Res Ipsa1208@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL) www.aac-nc-dp.org

COMMITTEE'S FAX NUMBER 919-221-2773

2. DATE 10 25 2004

3. FEC IDENTIFICATION NUMBER C

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 Annette M. Moore

Signature of Treasurer [Signature] Date 10 25 2004

NOTE: Suppression 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

5. TYPE OF COMMITTEE (Check One)

- (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 _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

North Carolina Democratic Party _____

Mailing Address 220 Hillsborough Street _____
Raleigh _____ NC _____ 27603-1724 _____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization

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

Write or Type Committee Name

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 Annette M. Moore

Mailing Address 1302 Old NC 86
Chapel Hill NC 27516

Title or Position CITY STATE ZIP CODE

Telephone number 919-929-1366

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 Annette M. Moore

Mailing Address 1302 Old NC 86
Chapel Hill NC 27516

Title or Position CITY STATE ZIP CODE

Treasurer Treasurer Telephone number 919-929-1366

Full Name of Designated Agent Kennis Wilkins

Mailing Address P.O. Box 113
Williamston NC 27892

Title or Position CITY STATE ZIP CODE

Asst. Treasurer Telephone number 919-929-1366

5. 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.

Mechanics Farmers

Mailing Address

1112 W. Parrish Street

Durham NC 27701

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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