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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. The NC Opportunity Fund, Inc. 303 Mulberry Street ADDRESS (number and street) (Check if address is changed) Raleigh 27604 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .dross@clarkhill.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2018 C00682138 FEC IDENTIFICATION NUMBER > 3. X 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. Ross, Derek, , , Type or Print Name of Treasurer Ross, Derek,,, [Electronically Filed] 07 03 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	OMMITTEE	1 4go <b>2</b>
Cano	didate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Name Candi			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam		. ago c
The NC Oppor	tunity Fund, Inc.	
	Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	TE ZIP CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of t	the person in possession of committee
Ross, De	rek, , ,	
Full Name	1001 Pennsylvania Ave. NW	
Mailing Address	Suite 1300 South	
	Washington	20004
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. <b>Treasurer:</b> List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the comm assistant treasurer).	nittee; and the name and address of
Full Name Ross, De	rek, , ,	
of Treasurer	1001 Pennsylvania Ave. NW	
Mailing Address		
	Suite 1300 South	
	Washington	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent	1	
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		
safety deposit bo Name of Bank, I	<ul> <li>Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.</li> <li>Depository, etc.</li> </ul>	
safety deposit bo	oxes or maintains funds.	
safety deposit bo	Depository, etc.	
safety deposit bo Name of Bank, I	Depository, etc.  Chain Bridge Bank	
safety deposit bo Name of Bank, I	Depository, etc.  Chain Bridge Bank	
safety deposit bo Name of Bank, I	Chain Bridge Bank  1445-A Laughlin Avenue  Mclean  VA   22101	ZIP CODE
safety deposit bo Name of Bank, I	Chain Bridge Bank  1445-A Laughlin Avenue  Mclean  CITY  STATE	
safety deposit bo Name of Bank, I Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue  Mclean  CITY  STATE	ZIP CODE
safety deposit be Name of Bank, I  Mailing Address  Name of Bank, I	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  Mclean  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I  Mailing Address  Name of Bank, I	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  Mclean  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  Mclean  CITY  STATE  Depository, etc.	ZIP CODE

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees

Form/Schedule: Transaction ID: