

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5 EC MAIL CENTER

Old North State Leadership Fund

ADDRESS (number and street)

PO Box 1891

(Check if address is changed)

Fayetteville

CITY ▲

NC

STATE ▲

28302

ZIP CODE ▲

-1891

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

treasurer@oldnorthstatepac.com

Optional Second E-Mail Address

info@oldnorthstatepac.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.oldnorthstatepac.com

2. DATE

MM / DD / YYYY

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

John Derrick

Signature of Treasurer

Date

MM / DD / YYYY
03

25

2014

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 202-694-1100

FEC FORM 1
(Revised 06/2012)

14031203386

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

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

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

Old North State Leadership Fund

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

None

Mailing Address

[Empty address fields]

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 John, Derrick

Mailing Address PO, Box 1891

Fayetteville NC 28302 - 1891

Title or Position

CITY

STATE

ZIP CODE

Treasurer Telephone number 910 - 447 - 4291

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 John, Derrick

Mailing Address PO, Box 1891

Fayetteville NC 28302 - 1891

Title or Position

CITY

STATE

ZIP CODE

Treasurer Telephone number 910 - 447 - 4291

14031203388

Full Name of Designated Agent

Mailing Address

[Address line]

[Address line]

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

Capital Bank

Mailing Address

225 Green Street

[Address line]

Fayetteville NC 28301

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Address line]

Mailing Address

[Address line]

[Address line]

[Address line]

CITY

STATE

ZIP CODE

910 339 3141
910 339 3141

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Old North State Leadership Fund
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Fayetteville, NC 28302

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ED 4/7/14
PREPARER DATE PREPARED

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