Image# 27990074405

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	0	(See instruction	Office use only		
1. NAME OF COMMITTEE (in	full) (	Check if name s changed)	Example: If typying, type over the lines	12FE4M5	
The Leadershi	p Circle PAC				
ADDRESS (number and	street)	ox 2888			
(Check if address is changed)	ess Raleiç	jh		NC L	27602
			CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MAI	IL ADDRESS heleadershipcircle	e.ora			1
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
COMMITTEE'S WEB	PAGE ADDRESS (UR	L)			
www.theleade	ershipcircle.org				
COMMITTEE'S FAX N 919-833-6358	NUMBER	I			
2. DATE 0.5	0 9 / Y	<sup>Y</sup> 2 0 0 7 Y			
3. FEC IDENTIFICA	TION NUMBER	(	C C00394916		
4. IS THIS STATEM	IENT X NEW	(N) OR	AMENDED (A)		
I certify that I have exami	ned this Statement and to	o the best of my know	vledge and belief it is true, correct ar	nd complete	
Type or Print Name of	Treasurer Co	ollin McMichael	, Asst. Treasurer		
Signature of Treasurer	Electronically Filed	by <b>Collin McN</b>	lichael, Asst. Treasurer	Date 05	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	·	•	subject the person signing this Stat	·	of 2 U.S.C. S437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

	FEOFor	m 1 (Revised 02/2003)	Page 2			
5.	TYPE OF CO	MMITTEE (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. (Compleinformation below.)	ete the candidate			
	Name of Candidate					
	Candidate Party Affiliatio	n Office Sought: House Senate Presider	State			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	ed committee.			
	Name of Candidate					
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	(e) This committee is a separate segregated fund					
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee.	gated fund or party			
6. 	Name of Any	Connected Organization or Affiliated Committee				
	Mailing Addre	Post Office Box 501				
	-					
		Raleigh NC	27602			
		CITY <b>≜</b> STATE <b>≜</b>	ZIP CODE			
Relationship Joint Fundraising Representative						
	Type of Connected Organization:					
	Corpo	oration Corporation w/o Capital Stock Labor Or	ganization			
	Mem	bership Organization Trade Association Cooperat	tive			

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Write or Type Cor	nmittee Name						
The Leader	ship Circle P	AC					
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	Full Name Collin A. McMichael						
Mailing Addres	ss	PO Box 2888					
		Raleigh	NC NC		27602		
Title or Position	n 🔻	CITY A	STATI	E▲	ZIP COI	DE A	
	Assistant 1	Freasurer	Telephone number	919	_ <b>833</b> 	3551	
8. <b>Treasurer:</b> L name and ac	William James Disely Iv						
Mailing Addres	ss	PO Box 2888					
		Raleigh	NC		27602 _		
Title or Position	n <b>∀</b>	CITY A	STATI	E▲	ZIP CO	DE A	
	Treasurer		Telephone number	919	833	3551	
Full Name of Designated Agent	_ Collin A	A. McMichael					
Mailing Addres	ss	PO Box 2888					
		Raleigh	NC NC		27602 _		
Title or Position	n <b>∀</b>	CITY A	STATE	EA	ZIP COL	DE A	
	Assistant 1	Freasurer	Telephone number	919	833	3551	

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9.	, ,	xes or maintains funds.	rents
	Name of Bank, D	epository, etc.	
		First Citizens Bank	
	Mailing Address	239 Fayetteville St	
			<u> </u>
		Raleigh NC 27601	

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷