Image# 201608319023761514				00/31/2010 13.41
FEC FORM 1	STATEMEN ORGANIZA			PAGE 1 / 5 —
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Libertarian Party	of North Carolina	<b>)</b> 		
ADDRESS (number and street)	PO Box 28141			
(Check if address is changed)				
	Raleigh		NC 2	7611
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR				
(Check if address is changed)	rlake45@gmail.com			
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE AI	DDRESS (URL)			
	D / Y Y Y Y 31 2016			
3. FEC IDENTIFICATION N	NUMBER ► C CO	0525758		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best of	of my knowledge and belief i	t is true, correct a	nd complete.
Type or Print Name of Treasur	rer Ralph Lake			
Signature of Treasurer	ph Lake	[Electronically Filed]	Date 08	/ D D / Y Y Y Y Y 31 2016
NOTE: Submission of false, erro	neous, or incomplete information n ANY CHANGE IN INFORMATIC			ne penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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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 information below.)	e the candidate
Name of Candidate	
Candidate 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:	
	mocratic, publican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is
Corporation Corporation w/o Capital Stock	abor Organization
Membership Organization Trade Association Co	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	gated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
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	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Libertarian Party of North Carolina

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

Libertarian Party of No	rth Carolina	
Mailing Address	PO Box 28141	
	Raleigh	NC 27611
	Raleigh CITY	NC 27611

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

Ralph Lak	e
Full Name	
Mailing Address	1400 Battleground Ave
	Suite 215-A
	Greensboro NC 27408
Title or Position	CITY STATE ZIP CODE
Treasurer	336     638     5579       Telephone number     1     1

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	Ralph Lake
Mailing Address	1400 Battleground Ave
	Suite 215-A
	Greensboro
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number       336       -       638       -       5579

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Full Name of Designated Agent	Ralph Lake
Mailing Address	1400 Battleground Ave
	Suite 215-A
	Greensboro
	CITY STATE ZIP CODE
Title or Position	Telephone number <del>336</del> –638 –5579

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.

Ac	cess National Bank		<u> </u>
Mailing Address	4221 Walney Rd		
	Ste 120		<u> </u>
	Chantilly		20151
	CITY	STATE	ZIP CODE
Name of Bank, Depos	sitory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revise	ed 06/2011)		Page 5
Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, e	ntains funds.		olds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
Name of Any Connected O GARY JOHNSON V	Drganization, Affiliated Committee, Joint Fundraising /ICTORY FUND	Representative, or Lead	[ ADDITIONA ership PAC Sponsor
Mailing Address			
	STE 922		
			22314 
ationship			22314 
ationship: Connected Organization			
Connected Organization			
			<b>ZIP CODE</b>
Connected Organization Designated Agent Full Name			<b>ZIP CODE</b>
Designated Agent			<b>ZIP CODE</b>
Connected Organization  Designated Agent  Full Name Mailing Address	CITY	L L L L L L L L L L L L L L L L L L L	Image: state stat