Image# 27990757821

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

☐ (Check if name is changed)

Example: If typying, type over the lines

12FE4M5

African American Caucus NC

ADDRESS (number and street)

☐ (Check if address is changed)

220 Hillsborough Street

Raleigh   **NC**   **27603** –

CITY▲   STATE▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

rdavis27683@nc.rr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

9107389576

2. DATE   M M **1 0** / D D **1 1** / Y Y Y Y **2 0 0 7**

3. **FEC IDENTIFICATION NUMBER**   **C** **C00407627**

4. IS THIS STATEMENT   X   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   **Robert L. Davis**

Signature of Treasurer   Electronically Filed by   **Robert L. Davis**   Date   M M **1 0** / D D **1 1** / Y Y Y Y **2 0 0 7**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

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 **STA** (National, State (or subordinate) committee of the ☐ (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.

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6. **Name of Any Connected Organization or Affiliated Committee**

None

Mailing Address **220 Hillsborough Street**

Raleigh   **NC**   **27603** –

CITY ▲   STATE ▲   ZIP CODE ▲

Relationship **Affiliated**

Type of Connected Organization:

☐ Corporation   ☐ Corporation w/o Capital Stock   ☐ Labor Organization

☐ Membership Organization   ☐ Trade Association   ☐ Cooperative

Write or Type Committee Name

African American Caucus NC

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

Mailing Address

Title or Position ▼   CITY ▲   STATE▲   ZIP CODE ▲

Treauser   **910**   **738**   **9576**

Telephone number _____ – _____ – _____

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

Mailing Address

Title or Position ▼   CITY ▲   STATE▲   ZIP CODE ▲

                                                                    Telephone number   **910** – **738** – **9576**

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

                                                                    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.

Mechanic And Farmers Bank

Mailing Address   **Post Office Box 1932**

Durham   **NC**   **27702** –

CITY △   STATE △   ZIP CODE   △