

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

ADDRESS (number and street) 225 BALDWIN AVENUE

(Check if address is changed)

CHARLOTTE

CITY

NC

STATE

28204

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

mary.cloninger@cnsa.com

Optional Second E-Mail Address

mary.cloninger@cnsa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

cnsa.com

2. DATE

12 / 31 / 2020

3. FEC IDENTIFICATION NUMBER

C C00544841

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 Cloninger, Mary, , ,

Signature of Treasurer

Cloninger, Mary, , ,

[Electronically Filed]

Date

12 / 31 / 2020

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.

Table with 5 columns and 1 row for 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)

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
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

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

CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC

Mailing Address 225 BALDWIN AVENUE

CHARLOTTE

NC

28204

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 Cloninger, Mary, , ,

Mailing Address 225 Baldwin Avenue

Charlotte

NC

28204

Title or Position

CITY

STATE

ZIP CODE

Custodian

Telephone number 704 - 831 - 3100

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 Cloninger, Mary, , ,

Mailing Address 225 Baldwin Avenue

Charlotte

NC

28204

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 704 - 831 - 3100

Full Name of Designated Agent | Cloninger, Mary, , ,

Mailing Address | 225 Baldwin Avenue

|

| Charlotte | NC | 28204 | - |

CITY

STATE

ZIP CODE

Title or Position | Assistant Treasurer

Telephone number | 704 | - | 831 | - | 3100

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.

| SunTrust Bank

Mailing Address | PO Box 305183

|

| Nashville | TN | 37230-5183 | - |

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

|

Mailing Address |

|

| | | - |

CITY

STATE

ZIP CODE