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## African American Caucus of the N C Democratic Party

229 Hillsborough Street, Raleigh, NC 27603

2004 DEC 21 A 11:41

*From the Desk of Annette Moore, Treasurer  
(919) 929-3366*

December 17, 2004

Michael H. Hartstock, Campaign Finance Analyst  
Federal Election Commission, Reports Analysis Division  
999 E Street, NW  
Washington D.C. 20463


Reference: C00407627

Dear Mr. Hartstock:

This letter is in response to your query of November 24, 2004, regarding the Commission's preliminary review of the African American Caucus of the North Carolina Democratic Party's Statement of Organization filing. The Commission requested that we clarify our relationship with the North Carolina Democratic Party. We have amended the Statement of Organization, Line 6, to indicate we are "affiliated" with the North Carolina Democratic Party.

In addition although we are electronic filers, we are filing this form by mail because the original document was required to be filed by mail. Please let me know if this document were required to file this document electronically.

Sincerely,

  
Annette M. Moore  
Secretary

FEDERAL ELECTION COMMISSION  
OPERATIONS CENTER

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

DEC 27 A 11:42

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing type over the lines. 12P84M5

AFRICAN AMERICAN CAUCUS OF THE NORTH CAROLINA  
DEMOCRATIC PARTY

ADDRESS (number and street) 220 HILLSBOROUGH STREET  
(Check if address is changed) RALEIGH NC 27603-1724  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
Res Ipsa1208@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
www.aac-ncdp.org

COMMITTEE'S FAX NUMBER  
919-821-2778

2. DATE 10 25 2004

3. FEC IDENTIFICATION NUMBER 000407627

4. IS THIS STATEMENT NEW (N) OR X 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 Annette M. Moore  
Signature of Treasurer [Handwritten Signature] Date 12 16 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

Name of Candidate \_\_\_\_\_

(d)  This committee is a SUB (National, State or subordinate) committee of the DEM (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.

6. Name of Any Connected Organization or Affiliated Committee

NORTH CAROLINA DEMOCRATIC PARTY

Mailing Address 220 HILLSBOROUGH STREET

RALEIGH NC 27603-1724

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATE

Type of Connected Organization

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

Write or Type Committee Name

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: Annette M. Moore

Mailing Address: 7302 OLD NC 86  
CHAPEL HILL NC 27516

Title or Position: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TREASURER 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: Annette M. MOORE

Mailing Address: 7302 OLD NC 86  
CHAPEL HILL NC 27516

Title or Position: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TREASURER Telephone number: 919-929-3366

Full Name of Designated Agent: KENNIS WILKINS

Mailing Address: PO Box 113  
WILLIAMSTON NC 27892

Title or Position: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ASST. TREASURER Telephone number: \_\_\_\_\_

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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The FEC added this page to the end of this filing to indicate how it was received.

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