FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)		Office use only		
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Dole Leadershi	o Trust	111111111		
ADDRESS (number and str	P.O. Box 510			
(Check if addres is changed)	s Raleigh		NC 27602 _	
COMMITTEE'S E MAII	ADDDECC	CITY▲	STATE▲ ZIP CODE ▲	
committee's e-mail				
COMMITTEE'S WEB P.	AGE ADDRESS (URL)			
COMMITTEE'S FAX NU	IMBER			
بنا لبنا				
2. DATE 0.7	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
3. FEC IDENTIFICAT	ION NUMBER	C C00435032		
4. IS THIS STATEME	NT X NEW (N) OR	AMENDED (A)		
I certify that I have examine	ed this Statement and to the best of my kno	owledge and belief it is true, correct	and complete	
Type or Print Name of T	reasurer Theodore V. Koo	ch		
Signature of Treasurer	Electronically Filed by Theodore	V. Koch	Date 07 / 10 / Y Y Y Y	
NOTE: Submission of false	•	y subject the person signing this St	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS	
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530		

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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 committee information below.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, epublican,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 segregated full committee.	und or party
3. 	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address P.O. Box 2918	
	Raleigh NC 27	7602
	CITY ≜ STATE ≜	ZIP CODE 🛦
	Relationship Jt. Fdr. Participant	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organizat	tion
	Membership Organization Trade Association Cooperative	

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Write or Type Commit	tee Name					
Dole Leadersh	nip Trust					
	cords: Identify by nam committee books and re	• ••	nber optional), and pos	sition of th	e person in	
Full Name	Cathy Singleton			1 1 1		
Mailing Address	-	P.O. Box 510				
		Raleigh	No.	<u> </u>	27602	
Title or Position ♥		CITY A	STA	TE▲	ZIP CO	DE A
	Custodian of Records		Telephone number	919	. – <mark>821</mark>	2090
Full Name of Treasurer Mailing Address	Theodore V. Koch	gent (e.g., assistant tre	· 			
Mailing Address		Suite 102				
		Alexandria		<u> </u>	22314 _	
Title or Position ▼		CITY A	STA	TE▲	ZIP CO	DE A
т	reasurer		Telephone number	703		8570
Full Name of Designated Agent	Collin A. McMichae	el				
Mailing Address		P.O. Box 510				
		Raleigh		<u> </u>	27602 _	
Title or Position ♥		CITY A	STA	TE 🛦	ZIP COI	DE A

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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.			
	First C	itizens Bank		
	Mailing Address	239 Fayetteville Street		
		Raleigh NC 27601	1	

STATE ∠

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

CITY 🗷

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Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository,	intains funds.	other depositories in which the committe	•	s accounts, rents ADDITIONAL]
Mailing Address				
		CITY 🛆	STATE 🛆	ZIP CODE 🛆
Name of Any Connected	d Organization or Affilia	ted Committee	Γ	ADDITIONAL]
The Leadership Ober	. D40		•	
The Leadership Circle	e PAC			
Mailing Address	P.O. Box 2888	3		
	Raleigh		NC	27602 _
		CITY	STATE	ZIP CODE A
		····	0 _	
Relationship Jt.	Fdr. Participant			
Type of Connected Organ	ization:			
Corporation		Corporation w/o Capital Stock	Labor Org	anization
Membership Org	anization	Trade Association	Cooperati	

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ▼	CITY &	STATE▲ Telephone number	ZIP CODE A