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FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

Mecklenburg County Republican Party

ADDRESS (number and street) 1232 East Boulevard

(Check if address is changed)

Charlotte NC 28203

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mckolb@earthlink.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 27 2001

3. FEC IDENTIFICATION NUMBER ▶ C 00360255

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) Amended

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 Michael A. Kolb

Signature of Treasurer [signature] Date 04 27 2001

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.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN046.PDF

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 subordinate (National, State or subordinate) committee of the NC Republican (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 Republican Party

Mailing Address P.O. Box 12905

1411 Hillsborough St

Raleigh NC 27605

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

Mecklenburg County Republican Party

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: Michael Anthony Kolb

Mailing Address: PO Box 48-1619

CITY: Charlotte STATE: NC ZIP CODE: 28269-

Title or Position: 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: Michael Anthony Kolb

Mailing Address: PO Box 48-1619

CITY: Charlotte STATE: NC ZIP CODE: 28269-

Title or Position: Treasurer

Telephone number:

Full Name of Designated Agent:

Mailing Address:

CITY: STATE: ZIP CODE:

Title or Position:

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.

Central Carolina Bank

Mailing Address 101 S. Kings Drive

Charlotte NC 28204-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
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JMD
PREPARER

5-9-01
DATE PREPARED

(6/2000)