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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Conservatives Restoring Excellence (CRE-PAC) PO Box 98629 ADDRESS (number and street) (Check if address is changed) Raleigh 27624 NC CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) CRE@cmandco.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) www.crepac.org (Check if address X is changed) DATE 06 2012 C00502187 FEC IDENTIFICATION NUMBER 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. Collin McMichael Type or Print Name of Treasurer Collin McMichael [Electronically Filed] 06 2012 11 Signature of Treasurer Date 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 02/2009)	
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	EEC Fo	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		rm 1 (Revised 02/2009) OMMITTEE	rage <b>Z</b>
		e 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. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	<b></b>
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Comm		
Conservat	ives Restoring Excellence (CRE-PAC)	
6. Name of Any Co	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	o PAC Sponsor
Renee Jacisin	Ellmers	
Mailing Address	122 Kingsway Dr	
	Dunn NC 28334	.  _
	CITY STATE Z	P CODE
		. 0052
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative X Lead	ership PAC Sponsor
<ol> <li>Custodian of Red books and records</li> </ol>	<b>cords:</b> Identify by name, address (phone number optional) and position of the person in posses.	ession of committee
	Collin McMichael	
Full Name	,PO Box 97275	
Mailing Address		
	Raleigh NC 27624	
Title or Position	CITY STATE ZI	P CODE
Treasurer		24   6606
8. <b>Treasurer:</b> List the any designated ag	e name and address (phone number optional) of the treasurer of the committee; and the name ent (e.g., assistant treasurer).	e and address of
Full Name of Treasurer	Collin McMichael	
Mailing Address	PO Box 97275	
	Raleigh   NC    27624	-
	CITY STATE ZI	P CODE
Title or Position Treasurer	919 32	4  -  6606

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Full Name of Designated Agent			
Mailing Address			
Title or Position		CITY STATE 2	ZIP CODE
		Telephone number	
	∣BB&T		
Mailing Address		6659 Falls of Neuse Road	
Mailing Address			
Mailing Address		6659 Falls of Neuse Road  Raleigh  NC   27615	ZIP CODE
Mailing Address  Name of Bank, I		Raleigh NC 27615  CITY STATE	ZIP CODE
	Depository, e	Raleigh NC 27615  CITY STATE	
	Depository, e	Raleigh NC 27615  CITY STATE	
Name of Bank, I	Depository, e	Raleigh NC 27615  CITY STATE	
Name of Bank, I	Depository, e	Raleigh NC 27615  CITY STATE	