Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) NORTH CAROLINA PORK COUNCIL PAC (NCPC PAC) 4000 WESTCHASE BLVD ADDRESS (number and street) SUITE 330 (Check if address is changed) **RALEIGH** 27607 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS AMY@NCPORK.ORG (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 10 2022 C00235184 FEC IDENTIFICATION NUMBER 3. 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. CAVE, AMY, M.,, Type or Print Name of Treasurer CAVE, AMY, M.,, [Electronically Filed] Date 10 06 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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. TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal camp	paign committee. (Complete the candidate information b	pelow.)				
(b) This committee is an authorized conformation below.)	ommittee, and is NOT a principal campaign committee.	(Complete the candidate				
Name of Candidate						
	ffice bught: House Senate Pre	State esident District				
(c) This committee supports/opposes	only one candidate, and is NOT an authorized committee	ee.				
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) X This committee is a separate segre	egated 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	In addition, this committee is a Lobbyist/Registrant PAC.					
(f) This committee supports/opposes committee. (i.e., nonconnected con	more than one Federal candidate, and is NOT a separa	ate segregated 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.)						
(g) This committee is an independent	expenditure-only political committee (Super PAC).					
In addition, this committee	ee is a Lobbyist/Registrant PAC.					
(h) This committee is a political comm	nittee with both contribution and non-contribution accour	nts (Hybrid PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
(i) 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.						
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.						
Committees Participating in Joint Funds	raiser					
1.	C					

Title or Position ▼

DIR. OF FINANCE

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٧	Vrite or Type Committee Nan	ne		
	NORTH CAR	OLINA PORK COUNCIL PAC (NCPC PA	₹C)	
6.	Name of Any Connected NORTH CAROLINA	Organization, Affiliated Committee, Joint Fundraising Representative, or A PORK COUNCIL	Leadership PAC Sponsor	
	Mailing Address	4000 WESTCHASE BLVD		
		SUITE 330		
		RALEIGH	27607	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: X Connecte	ed Organization Affiliated Organization Joint Fundraising Representativ	Leadership PAC Sponso	
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  CAVE, AMY, M., ,			
	Full Name			
	Mailing Address	4000 WESTCHASE BLVD		
		SUITE 330		
		RALEIGH	27607	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
	DIR. OF FINANCE	Telephone number	9 - 781 - 0361	
8.	<b>Treasurer:</b> 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 CAVE, A	MY, M., ,		
	of Treasurer			
	Mailing Address	4000 WESTCHASE BLVD		
		SUITE 330		
		RALEIGH NC	27607	

CITY A

ZIP CODE ▲

0361

781

STATE lacktriangle

Telephone number

919

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	Full Name of Designated	(101000 0111000)		. age :		
A	Agent					
N	Mailing Address					
Т	Fitle or Position <b>▼</b>	CITY A	STATE ▲	ZIP CODE ▲		
		Telephone nui	mber			
		Depositories: List all banks or other depositories in which the committees or maintains funds.	ee deposits fu	inds, holds accounts, rents		
N	lame of Bank, D	epository, etc.				
		NORTH STATE BANK				
M	Mailing Address	2413 BLUE RIDGE ROAD				
		RALEIGH	NC	27607		
		CITY A	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.						
M	Mailing Address					
		CITY A	STATE ▲	ZIP CODE ▲		