

BLACK AMERICANS FOR REAL CHANGE

**2474 WALNUT STREET #106
CARY, NC 27518**

Federal Election Commission
Mr. David Butler
Reports Analysis Division
999 E Street, NW
Washington, DC 20463

RECEIVED
FEC MAIL CENTER
2008 SEP 15 PM 12:02

Reference: C00453514

September 8, 2008

Dear Mr. Butler:

In reply to your letter of August 8, 2008, please see attached amended Statement of Organization.

We have changed the name of our committee to exclude the candidate's name and to provide an email address for future contact.

Furthermore, we have no affiliation with any other political action committee and have indicated "none" on line 6.

Finally, we have listed our campaign depository on line 9.

I hope this adequately addresses the concerns in your letter.

Sincerely



Selena Owens
Treasurer
Black Americans for Real Change

28039832419

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
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2008 SEP 15 PM 12:02

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

BLACK AMERICANS FOR REAL CHANGE

ADDRESS (number and street)

2474 106 WALNUT ST

(Check if address
is changed)

CARY NC 27518-9212

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

SOWENS@HIGHERSTANDARD.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.BLACKARC.ORG

COMMITTEE'S FAX NUMBER

919-882-8803

2. DATE

09 / 08 / 2008

3. FEC IDENTIFICATION NUMBER

C 00453514

4. 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.

Type or Print Name of Treasurer

SELENA OWENS

Signature of Treasurer

Selena Owens

Date

09 / 08 / 2008

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 12/2007)

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5. TYPE OF COMMITTEE

Candidate 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. (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: _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated 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

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C
2.	_____	FEC ID number	<input type="checkbox"/> C
3.	_____	FEC ID number	<input type="checkbox"/> C
4.	_____	FEC ID number	<input type="checkbox"/> C
5.	_____	FEC ID number	<input type="checkbox"/> C

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Write or Type Committee Name

BLACK AMERICANS FOR REAL CHANGE

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative.

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

SELENA OWENS

Mailing Address

2474 106- WALNUT STREET

CARY

NC

27518-9212

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

919-621-2430

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

SELENA OWENS

Mailing Address

2474 106- WALNUT STREET

CARY

NC

27518-9212

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

919-621-2430

28039832422

Full Name of Designated Agent

RANDY GOODWIN

Mailing Address

13421 MALENA DRIVE

NORTH TUSTIN

CITY

CA

STATE

92705

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

714-730-1761

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.

BBT

Mailing Address

848 SOUTHEAST MAYNARD ROAD

CARY

CITY

NC

STATE

27511

ZIP CODE

4206

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039832423

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(3/2005)

9/15/08
DATE PREPARED

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