

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

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

12FE4M5

Dr. Tobias E. LaGrone For United States Senates NC

ADDRESS (number and street)

5414 Whitley Way

☐ (Check if address is changed)

GREENSBORO

CITY ▲

NC

STATE ▲

27407

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

tobiaslagrone@gmail.com

Optional Second E-Mail Address

thinkbetter@live.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

www.ncnewday.com

2. DATE

MM / DD / YYYY  
03 / 01 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00771105

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 Clark, Glenda, , Mrs.

Signature of Treasurer Clark, Glenda, , Mrs.

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 05 / 2021

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 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

LaGrone, Tobias, Everett, Dr,

Candidate  
Party Affiliation

DEM

Office  
Sought:

House

☒

Senate

President

State

NC

District

00

- (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
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
- ☐ 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. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

**Dr. Tobias E. LaGrone For United States Senates NC****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**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 Clark, Glenda, , Mrs,

Mailing Address 7 E SAILS WAY

GREENSBORO

NC

27406

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 336 - 965 - 4948

**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 Clark, Glenda, , Mrs,

Mailing Address 7 E SAILS WAY

GREENSBORO

NC

27406

Title or Position  
TREASURER

CITY

STATE

ZIP CODE

Telephone number 336 - 965 - 4948

Full Name of  
Designated  
Agent

Comer, Qunizel, , , Sr

Mailing Address

5402 Creek Point Court

Greensboro

CITY

NC

STATE

27407

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

336

541

3240

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.

CARTER BANK &amp; TRUST

Mailing Address

5715 W GATE CITY BLVD

GREENSBORO

CITY

NC

STATE

27407

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE