## STATEMENT OF

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FORM 1		0	RGAN	IZAT	ION	1					0	ffice Us	se Only	,		
1. NAME OF COMMITTEE (ir	n full)		Check if names changed)		Example over the	e:If typin lines.	g, type		12F	E4M	_					
NORTH CA	ROLII	VA SC	YBEAN	N PRC	DDU	CER	S A	SSO	)CI	AT	101	N	CS	30	ΥP/	AC
ADDRESS (number a	nd street)	3600 Hav	worth Drive, Su	uite 2												
(Check if address is changed)																
		Raleigh CI	TY 🛦						NC STATI	▋	276	609 	ZIP		)E.▲	
COMMITTEE'S E-MA	AIL ADDRE	SS														
(Check if a is changed		vclark	@ncsoy.org													
			Second E-Ma ncsoy.org		S											
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (UF	RL)													
2. DATE 09	9 28		2022													
3. FEC IDENTIFIC	CATION N	JMBER ▶		C00491	1456											
4. IS THIS STATEN	MENT	NEW	(N) <b>O</b>	R	×	AMENI	DED (A)	)								
I certify that I have e	examined th	nis Stateme	nt and to the	best of m	ny know	/ledge a	nd belie	ef it is	true,	correc	ct and	l com	plete.			
Type or Print Name	of Treasure	r Hall, Cha	arles, S., ,													
Signature of Treasure	er <i>Hall</i> ,	Charles, S., ,			[Ele	ctronicall	y Filed]	D	ate	0	9		8	Y	y 2022	Y
NOTE: Submission of	false, erron		omplete inform ANGE IN INFO	-			-	-				penal	ties of	52 U	.S.C.	§30109.
Office Use					Fed	further in eral Electi Free 800-	on Comm	nission	act:				C F(			

Local 202-694-1100

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TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candid	date information below.)					
(b) This committee is an authorized committee, and is NOT a principal cam information below.)	paign committee. (Complete the candidate					
Name of						
Candidate						
Candidate Office Party Affiliation Sought: House Sen	State President					
Party Affiliation Sought: House Sen	District					
(c) This committee supports/opposes only one candidate, and is NOT an au	uthorized 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 organ	nization on line 6.) Its connected organization is a:					
Corporation Corporation w/o Capital	Stock Labor Organization					
Membership Organization   ** Trade Association	Cooperative					
	Gooperative					
In addition, this committee is a Lobbyist/Registrant PAC.						
(f) This committee supports/opposes more than one Federal candidate, and committee. (i.e., nonconnected committee)	d is NOT a separate 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 (S	Super PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
(h) This committee is a political committee with both contribution and non-co	ontribution accounts (Hybrid PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
(i) This committee collects contributions, pays fundraising expenses and discommittees/organizations, at least one of which is an authorized commit						
()	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.	С					
	C					

Treasurer

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٧	Vrite or Type Committee Nam		.===		0.00\/D.4.0
_		LINA SOYBEAN PRODUC			
6.	=	Organization, Affiliated Committee, Joint F A SOYBEAN PRODUCERS ASS	= -		ship PAC Sponsor
	Mailing Address	3600 Haworth Drive, Suite 2			
		Raleigh	NC	27609	
		CITY ▲	STAT	ΕΔ	ZIP CODE ▲
	Relationship: X Connected	d Organization Affiliated Organization	Joint Fundraising Repr	esentative	Leadership PAC Sponso
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optio	nal) and position of the p	person in possess	sion of committee
	Clark, Vic	toria, , ,			
	Full Name				
	Mailing Address	3600 Haworth Drive, Suite 2			
		Raleigh	NC	27609	
		CITY ▲	STAT	E 🛦	ZIP CODE ▲
	Title or Position ▼				
	Assistant Treasurer		Telephone number	919 –	839 - 5700
8.	Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the assistant treasurer).	ne treasurer of the comm	mittee; and the na	ame and address of
	Full Name Hall, Char	rles, S., ,			
	of Treasurer				
	Mailing Address	3600 Haworth Drive, Suite 2			
		Raleigh	N <sub>1</sub>	C 27609	
		CITY ▲	STAT	E▲	ZIP CODE ▲
	Title or Position ▼				

5700

919

Telephone number

839

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	Full Name of Designated Agent Mailing Address	Clark, Victoria, , , , 3600 Haworth Drive, Suite 2	
	Title or Position	CITY ▲ STATE ▲	27609
	Assistant Treasur	er 919 Telephone number	
-		Depositories: List all banks or other depositories in which the committee deposits fund ses or maintains funds.	s, holds accounts, rents
	Name of Bank, D	epository, etc.	
	Mailing Address	Truist  4460 Six Forks Road  Raleigh  NC :	27609
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
		<u> </u>	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲