

# Statement of Organization - Political Action Committee

Use this form to create a new or update an existing political action committee (PAC)

This form must be accompanied by form CRO-3500

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Information			
a. Full Name		c. ID Number	
PROGRESSIVE RESEARCH GROUP			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 18802 ASHEVILLE, NC 28814		9/14/09	
		e. Phone Number	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other / Not listed		NONE	
		b. Mailing Address (include City, State, and Zip Code)	
		c. Phone Number	d. Relationship
b. Type (Check only one)	c. Definition of Type	d. Member Definition	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose			
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name		a. Full Name	
ELAINE LITE		CHARLIE THOMAS	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 4093 ASHEVILLE, NC 28805		60 Haywood St. ASHEVILLE, NC 28801	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-255-8537	progressiveresearchgrp@gmail.com	828-281-1949	progressiveresearchgrp@gmail.com
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		ASHEVILLE SAVINGS BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		PRG	checking
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
ELAINE LITE		Elaine Lite	9-18-09
Printed Name of Signer		Signature of Appointed Treasurer	Date