

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.

1. Committee Information			
a. Full Name		c. ID Number	
Buncombe Future Federation		80-0629621	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
74 Crayton Road Asheville, NC 28803		8/1/2010	
		e. Phone Number	
		828-274-7237	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category <i>(Check only one)</i>		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Legal <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Minority <input type="checkbox"/> Environment <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Religious <input type="checkbox"/> Health <input type="checkbox"/> Trade <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Utilities <input type="checkbox"/> Insurance <input checked="" type="checkbox"/> Other / Not listed		b. Mailing Address (include City, State, and Zip Code)	
b. Type <i>(Check only one)</i>		c. Phone Number	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose		d. Relationship	
c. Definition of Type		d. Member Definition	
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name		a. Full Name	
Rebecca Davis			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
74 Crayton Raod Asheville, NC 28803			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-274-7237	bdavis52804@bellsouth.net		
6. Assistant Treasurer Information		7. Account Information <i>(incl. CRO-3500)</i>	
a. Full Name		a. Financial Institution Full Name	
		HomeTrust Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		General campaign funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		1	checking account
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22b, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
_____ Rebecca Davis Printed Name of Signer		_____ <i>Rebecca Davis</i> Signature of Appointed Treasurer	
		_____ 8/2/2010 Date	