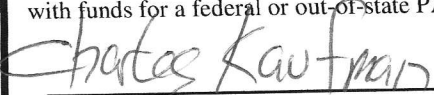
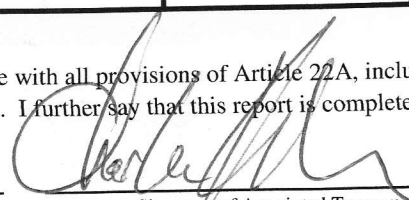


# Statement of Organization - Political Action Committee

Amendment  
 Yes  No

Use this form to create a new or update an existing political action committee (PAC)  
 This form must be accompanied by form CRO-3500

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Concerned Citizens for Low Taxes			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
114 Fairway Drive			
Black Mountain NC 28711		e. Phone Number	
<b>2. Political Action Committee Information</b>		<b>3. Connected Organization or Affiliated Committee</b>	
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 type="checkbox"/> Other / Not listed		b. Mailing Address (include City, State, and Zip Code)	
b. Type (Check only one)		c. Phone Number	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose			
c. Definition of Type		d. Relationship	
<b>4. Treasurer Information</b>		<b>5. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Charles A. Kaufman		Saul	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
Same			
c. Phone Number		c. Phone Number	
828 2792514			
d. Email Address		d. Email Address	
Kachuck@charter.net			
<b>6. Assistant Treasurer Information</b>		<b>7. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
Louis R Haney			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
PO Box 518 BLK Mtn NC			
c. Phone Number		c. Account Code	
628-231-2176			
d. Email Address		d. Type	
haneylou@aol.com			
<b>CERTIFICATION</b>			
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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		8-19-11 Date	