

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 (when amending, only re-submit if applicable)

1. Committee Information			
a. Full Name <i>Mecklenburg LGBT Political Action Committee</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 9807 Charlotte, NC 28294</i>		d. Date Organized	
		e. Phone Number <i>980-253-1148</i>	
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"/> 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 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 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 <i>Natalia Diez Monillo</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>7008 Jerning Point Ln Charlotte, NC 28277</i>		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number <i>980-253-1148</i>	d. Email Address <i>natalia.diezmon@gmail.com</i>	c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		<i>Wells Fargo Bank</i>	
b. Mailing Address (include City, State, and Zip Code) <i>MECKLENBURG COUNTY MAR 07 2016</i>		b. Purpose <i>Campaign Finance</i>	
c. Phone Number	d. Email Address <i>BOARD OF ELECTIONS</i>	c. Account Code <i>001</i>	d. Type <i>Business checking</i>
<input type="checkbox"/> Email copy of notices			
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.			
<i>Natalia Diez</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer	
		<i>3/7/2016</i> Date	



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
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 Raleigh, NC 27611-7255
 (919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Mecklenburg LGBT Political Action Committee
 Treasurer Name: Natalia Diez Morillo
 Treasurer Address: P.O. Box 9807
 (include city, state, & zip) Charlotte, NC 28299 **MECKLENBURG COUNTY**
MAR 07 2016
BOARD OF ELECTIONS
 Treasurer Phone: 980-253-1148

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

3/7/2016
 Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.