

Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

	Type of State	ment			
⋈ NEW		☐ AMENDED			
This committee is registering with the Virginia	ia This cor	mmittee is filing	an amended State	ement of Organization	
State Board of Elections for the first time.	Date Changes			Committee ID	
OSPC-17-00679					
	N. C.C.	•44			
	Name of Com	mittee			
North Carolina Republican Party					
Insert full name of committee (Acronyms must	t be spelled out)				_
	Committee Mailin	g Address			
1506 Hillsborough Street					
Street Address/P.O. Box				Suite #	
Raleigh	34		27605		
City	State		Zip Code		
greg.fornshell@ncgop.org					
Email Address			Business Phone		
Committee Website					
A	ffiliated Organizat	ion or PAC			
E HN CACCI (10)					
Full Name of Affiliated Organization					
Street Address/P.O. Box				Suite #	
Street Address/1.0. Dox				Suite #	
City	State		Zip Code		
·			•		
To elect Republicans in North Carolina	and promote conse	rvative ideals.			
Indicate the Purpose of your Committee (e.g. I	Labor, Business, Health	Care, etc.)			
Can	didate's Supported	d or Opposed [,]	k		
Full Name and Address of Candidate(s)	Office Sought	Party Af	filiation	Support or Oppos	e?
		1			





Commonwealth of Virginia

Area, Scope and Jurisdiction of the Committee				
This Committee intends to participate	e in (check all th	nat apply):		
☒ Statewide elec	tions [☐ General Assembly elections	☐ Local elections	
If "Local Elections" is checked please	e list the cities,	counties and/or towns the committee	intends to be active in:	
1)		4)		
2)		5)		
3)		6)		
	Oth	er Agency Information		
Taxpayer Identification Number	56-077628			
	Enter Taxpay	er ID Number		
	'Other Age	encies Where Registered' Sheet	Attached with 3 Agencies.	
	Name of Age	ency	Registration Number	
	Name of Age	ncy	Registration Number	
Other Agencies Where Committee is Registered	Name of Age	ency	Registration Number	
	Name of Age	ncy	Registration Number	
	Name of Age	ncy	Registration Number	
	Name of Age	ncy	Registration Number	
Committee Depository				
Bank of America				
Primary Bank Name or Depository		Secondary Bank Name	or Depository	
Raleigh	NC			
City	State	City	State	



Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Treasurer and Books Information					
	Mr. Salutation 1506 Hills	Lemons Last Name	Jason First Name eigh. 34 27605	Middle Name	Suffix
Treasurer	1506 Hillsborough Street Raleigh, 34 27605 Street Address (Business), City, State and Zip Code 1506 Hillsborough Street				
	Street Addr	ess (Residence)		Suite #	
	Raleigh		34	4	27605
	City		St	ate	Zip Code
		shell@ncgop.org ress (*see instructions)		(919) 424-5541 Daytime Phone #	
	Eman Audi	ess (*see instructions)		Daytime Filone #	
	Mr.	Fornshell	Gregory		
	Salutation	Last Name	First Name	Middle Name	Suffix
.	1506 Hillsborough Street Raleigh, 34 27605				
Principal Custodian of the Books (if one) Street Address (Business), City, State and Zip 1506 Hillsborough Street					
200125 (12 0120)	Street Addr	ess (Residence)		Suite #	
	Raleigh		3	4	27605
	City		St	ate	Zip Code
	greg.fornshell@ncgop.org			(919) 424-5541	
	Email Address (*see instructions) Daytime Phone #				
Address Where	1506 Hill	sborough Street			
Books are		ess (P.O. Boxes are No	t Acceptable)	Suite #	
Maintained	Raleigh		3	34	27605
	City			ate	Zip Code
		Statemen	nt of Treasurer		
Finance Disclosure Act (Titl SBE's website. I understand required by § 24.2-949.9:1.	le 24.2, Chapte that I must tru Civil penalties false information	r 9.3 of the <i>Code of Virgin</i> thfully report all monies a will be assessed in the ma on on any document subm	nia). I understand that I am re and things of value, which this anner required by the <i>Code of</i>	omply with the provisions of the quired to file my reports electrons political committee receives a Virginia for late or un-filed rejections that I may be subject to	onically on or expends as ports. I also
Signature			Date		

FOR SBE OFFICE USE ONLY

DATE ENTERED:

ENTERED BY:

CIRCLE ONE
COMMITTEE ID:

N or A



Instructions for Completing This Form

• Submit the original, signed copy of this form to:

State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219

- This form must be legible, written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> of the information reported on this form changes.

Type of Statement

• Check the box that applies to the type of Statement that you are filing.

Name of Committee

Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

Committee Mailing Address

- Insert the committee's primary mailing address.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.

Affiliated Organization of PAC

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your committee is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
 - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

Candidate's Supported or Opposed

• Indicate all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this statement.

Area, Scope and Jurisdiction of the Committee

• Please choose all that apply.



Instructions for Completing This Form

Other Agency Information

- Taxpayer ID Number
 - o Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
 - o Please provide a listing of all Federal and State agencies and provide registration numbers where the committee is also registered. Attach additional sheets if necessary.

Committee Depository

- Insert the name of the committee's primary and secondary (if one) depository (Bank Name).
- Insert the address of the committee's primary and secondary (if one) depository.

Treasurer and Books Information

- Treasurer
 - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms
 - Email Address
- Custodian of the Books (if one)
 - You may leave this section blank if the treasurer also serves as the Custodian of the Books.

Virginia State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219

Other Agencies Where Registered

	Agency Name	Registration Number
1	California Secretary of State	1332378
2	Internal Revenue Service	26-1173032
3	Nevada Secretary of State	Nevada does not assign registration numbers