

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		2020 MAY 26 AM 11:28	
a. Full Name PAC 4 NEW		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 4219 N Liberty St Winston Salem NC 27105		d. Date Organized 02/18/2020	
		e. Phone Number 615-545-1644	

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 checked="" type="checkbox"/> Conservative Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology <input type="checkbox"/> Telecommunications <input type="checkbox"/> Insurance		<input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input checked="" 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. Type (Check only one)		b. Mailing Address (include City, State, and Zip Code)	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose		N/A N/A	
c. Definition of Type		c. Phone Number	
		N/A	
		d. Relationship	
		N/A	
		d. Member Definition	

4. Treasurer Information		5. Custodian of Books Information	
a. Full Name Arlanders Hunter Jr		a. Full Name Okonta, Sandra	
b. Mailing Address (include City, State, and Zip Code) 710 POLO Rd Winston Salem 27106		b. Mailing Address (include City, State, and Zip Code) 8025 N. Pointe Blvd Winston Salem, NC 27106	
c. Phone Number (615) 545-1644	d. Email Address arlan2535@bellsouth.net	c. Phone Number	d. Email Address sandra@pastaxnc.com
I prefer to receive notices by email <input 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 Sandra Okonta		a. Financial Institution Full Name TRULIANT Credit Union	
b. Mailing Address (include City, State, and Zip Code) 8025 N Pointe Blvd Winston Salem NC 27106		b. Purpose SUPPORT Candidate	
c. Phone Number	d. Email Address sandra@pastaxnc.com	c. Account Code P4NEW	d. Type Checking
<input checked="" 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.

Arlanders Hunter Jr *[Signature]* **05-22-2020**
 Printed Name of Signer Signature of Appointed Treasurer Date