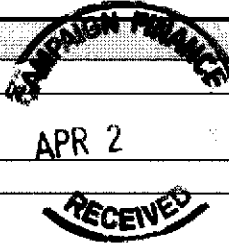


Statement of Organization - Party Committee

Amendment Yes No

Use this form to create a new or update an existing party committee.
This form must be accompanied by form CRO-3500.



1. Committee Information	
a. Full Name North Carolina Young Democrats (NCYD)	c. ID Number STA-C4079N-C-001
b. Mailing Address (include City, State and Zip Code) 220 Hillsborough Street Raleigh NC 27603	d. Date Organized
	e. Phone Number 336-953-4661

2. Party Information	
a. Type <input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Subordinate	b. Party Name

3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Taylor Brooks Callicutt	a. Full Name Taylor Brooks Callicutt	b. Mailing Address (include City, State, and Zip Code) 5348 High Pine Church Road Asheboro NC 27205	b. Mailing Address (include City, State, and Zip Code) 5348 High Pine Church Road Asheboro NC 27205
c. Phone Number 336-953-4661	d. Email Address taylorcallicutt@rtmc.net	c. Phone Number 336-953-4661	d. Email Address taylorcallicutt@rtmc.net

5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name Samuel Spencer IV	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code) 647 Dogwood Lane Davidson NC 28036		b. Purpose	
c. Phone Number 704-902-5984	d. Email Address choosesam@gmail.com	c. Account Code	d. Type

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.

_____ Taylor Brooks Callicutt _____
 Printed Name of Signer Signature of Appointed Treasurer Date
 4-28-14

4/28/14