Statement of Organization - Political Action Committee Use this form to create a new or update an existing political action committee (PAC).

Amendment							
	Yes	\boxtimes	No				

This form must be accompanied by form CRO-3500.

1. Committee Liformat	ilon			Part of the second		
a. Full Name				nber		
Lillian's List Political Action Committee Received						
b. Mailing Address (include City, State and Zip Code)			d. Date O	rganized		
2912 Highwoods Blvd Suite 203		JAN 08 2015		2015		
Raleigh, NC 27604 Campaign		mnaign Finance	e. Phone	Number		
		anipaign i manoo		919 834 9008		
2. Political Action Committee Information committee 3. Commented Organization of Affiliated Committee						
	ck only one)	a. Full Name				
Banking/Finance	Legal	Lillian's List A	ection Fund			
Building/Real Estate	Manufacturing					
Conservative/Liberal	Minority	,1.00	ss (include City, State, and Z	ip Code)		
Environment	Political Party no	. ,	ods Blvd			
Get Out the Vote	_	Plan of Org. Suite 203				
Health	Religious Trade	Raleigh, NC 2	The second second second second second second	The state of the s		
Information Technolog Telecommunications	yy Irade Utilities	T. P. HORE INUMBER	u. Reishousni	Proprogram in the contract of		
Insurance	Other / Not listed	919 834 9008				
b. Type (Check only one		d. Member Defin	ition — I			
Parent Entity	·					
Economic Interest						
Political Purpose				A C THE SAME AND T		
4. Treasurer Informat	ion,	- Custodians	of Books And Donaldon			
a. Full Name		a, Full Name				
Susan Jackson		Carol Teal				
b. Mailing Address (include City, State, and Zip Code) b. Mailing Address (include City, State, and Zip Code)						
1289 Fordham Blvd, Suite 197		-	2912 Highwoods Blvd			
Chapel Hill, NC 27514		Suite 203	201			
	an appropriate to the second s	Raleigh, NC		Maria and and an		
c. Phone Number	d. Email Address	c. Phone Number		Address		
919 448 5524	sue@bluewavepolitics .com	919 834	4 9008 org	lillianslist.		
6. Assistant Treasurer	Information	Add 7 7. Account in		Add Add		
a. Full Name		Remove a. Financial Insti	tution Full Name	Remove		
Lora Haggard		Wells Fargo	Wells Fargo			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	and the control to the second			
The state of the s		Receipts & Ex	Receipts & Expenditures			
The second second	a r	Account Code				
c. Phone Number	d. Email Address	c.Account Code	d. Type Checking			
		WF1	Checking			
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.						
Surant Trues Anna Contract						
SUSAN JACKSON SWAN CALLOW 01/08/2015						
Printed Name of Signer Signature of Applointed Treasurer Date						