

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.

a. Full Name North Carolina Chiropractic Association PAC		c. ID Number STA-3JDSUI-C-001
b. Mailing Address (Include City, State and Zip Code) 8412 Falls of Neuse Road, Suite 106 Raleigh, North Carolina 27615		d. Date Organized 02/11/2008
RECEIVED NOV 06 2017 STATE BOARD OF ELECTIONS		e. Phone Number 919-832-0611

a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking Finance	<input type="checkbox"/> Legal	North Carolina Chiropractic Association, Incorporated	
<input type="checkbox"/> Building Real Estate	<input type="checkbox"/> Manufacturing	b. Mailing Address (Include City, State, and Zip Code)	
<input type="checkbox"/> Conservative Liberal	<input type="checkbox"/> Minority	8412 Falls of Neuse Road Suite 106 Raleigh, North Carolina 27615	
<input type="checkbox"/> Environment	<input type="checkbox"/> Political Party not part of Party Plan of Org.	c. Phone Number	d. Relationship
<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Religious	919-832-0611	Parent Entity
<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Trade		
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Utilities		
<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Other / Not listed		
<input type="checkbox"/> Insurance			
b. Type (Check only one)	c. Definition of Type	d. Member Definition	
<input checked="" type="checkbox"/> Parent Entity	See 3.a.	Members of Parent Entity, and their owners, management, employee & vendors/customers	
<input type="checkbox"/> Economic Interest		SCANNED NOV 06 2017	
<input type="checkbox"/> Political Purpose			

a. Full Name Alexandra Fetisova		a. Full Name Alexandra Fetisova	
b. Mailing Address (Include City, State, and Zip Code) 8412 Falls of Neuse Road, Suite 106 Raleigh, North Carolina 27615		b. Mailing Address (Include City, State, and Zip Code) 8412 Falls of Neuse Road Suite 106 Raleigh, North Carolina 27615	
c. Phone Number 919-832-0611	d. Email Address sasha@ncchiro.org	c. Phone Number 919-832-0611	d. Email Address sasha@ncchiro.org

a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (Include City, State, and Zip Code)		b. Purpose	
c. Phone Number 919-832-0611	d. Email Address	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.

Alexandra Fetisova
Printed Name of Signer


Signature of Appointed Treasurer

11/1/2017
Date

