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

a. Full Name	c. ID Number
NORTH CAROLINA CHIROPRACTIC ASSOCIATION, INC PAC	STA-3JDSUI-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
8412 FALLS OF NEUSE ROAD SUITE 106 RALEIGH, NORTH CAROLINA 27615	02/11/2008
	e. Phone Number
	919-832-0611

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STATE BOARD OF ELECTIONS

2. Political Action Committee Information

a. Category *(Check only one)*

- ☐ Banking/Finance
- ☐ Building/Real Estate
- ☐ Conservative/Liberal
- ☐ Environment
- ☐ Get Out the Vote
- ☑ Health
- ☐ Information Technology / Telecommunications
- ☐ Insurance
- ☐ Legal
- ☐ Manufacturing
- ☐ Minority
- ☐ Political Party not part of Party Plan of Org.
- ☐ Religious
- ☐ Trade
- ☐ Utilities
- ☐ Other / Not listed

b. Type *(Check only one)*	c. Definition of Type
☑ Parent Entity ☐ Economic Interest ☐ Political Purpose	SEE 3.A

3. Connected Organization or Affiliated Committee

a. Full Name	
NORTH CAROLINA CHIROPRACTIC ASSOCIATION, INC	
b. Mailing Address (include City, State, and Zip Code)	
8412 FALLS OF NEUSE ROAD, SUITE 106, RALEIGH, NC 27615	
c. Phone Number	**d. Relationship**
919-832-0611	PARENT ENTITY

d. Member Definition

MEMBERS OF PARENT ENTITY, AND THEIR OWNERS, MANAGEMENT, EMPLOYEES & VENDORS/CUSTOMERS

4. Treasurer Information

a. Full Name	
ALEXANDRA FETISOVA	
b. Mailing Address (include City, State, and Zip Code)	
8412 FALLS OF NEUSE ROAD SUITE 106, RALEIGH NC 27615	
c. Phone Number	**d. Email Address**
919-832-0611	SASHA@NCCHIRO.ORG

I prefer to receive notices by email ☑ Yes ☐ No

5. Custodian of Books Information

a. Full Name	
ALEXANDRA FETISOVA	
b. Mailing Address (include City, State, and Zip Code)	
8412 FALLS OF NEUSE ROAD, SUITE 106, RALEIGH NC 27615	
c. Phone Number	**d. Email Address**
919-832-0611	SASHA@NCCHIRO.ORG

☐ Email copy of notices

6. Assistant Treasurer Information

☐ Add ☑ Remove

a. Full Name	
THOMAS K. MITCHELL	
b. Mailing Address (include City, State, and Zip Code)	
3200 BLUE RIDGE ROAD #216 RALEIGH, NORTH CAROLINA 27612	
c. Phone Number	**d. Email Address**
919-832-0611	

☐ Email copy of notices

7. Account Information *(incl. CRO-3500)*

☐ Add ☐ Remove

a. Financial Institution Full Name	
b. Purpose	
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		08/30/2021
Printed Name of Signer	Signature of Appointed Treasurer	Date

NORTH CAROLINA CHIROPRACTIC ASSOCIATION
8412 FALLS OF NEUSE ROAD, SUITE 106
RALEIGH, NORTH CAROLINA 27615

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