

# Statement of Organization - Political Action Committee

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
PILL PAC		STA-C3263N-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1101 Slater Road, Suite 110 Durham, NC 27703		AUG 23 2024	
		e. Phone Number	
		(984) 439-1646	
NC STATE BOARD OF ELECTIONS			
<b>2. Political Action Committee Information</b>		<b>3. Connected Organization or Affiliated Committee</b>	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote <input checked="" type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance		<input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input 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	
		North Carolina Association of Pharmacists	
		b. Mailing Address (include City, State, and Zip Code)	
		1101 Slater Road, Suite 110 Durham, NC 27703	
		c. Phone Number	d. Relationship
		(984) 439-1646	
b. Type (Check only one)		d. Member Definition	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose			
c. Definition of Type			
<b>4. Treasurer Information</b>		<b>5. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
Pamela Shelton		Pamela Shelton	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1101 Slater Road, Suite 110 Durham, NC 27703		1101 Slater Road, Suite 110 Durham, NC 27703	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(984) 439-1646	penny@ncpharmacists.org	(984) 439-1649	penny@ncpharmacists.org
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
<b>6. Assistant Treasurer Information</b>		<b>7. Account Information (incl. CRO-3500)</b>	
		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
Grant Ell			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
1101 Slater Road, Suite 110 Durham, NC 27703			
c. Phone Number	d. Email Address	c. Account Code	d. Type
(984) 439-1646	grant@ncpharmacists.org		
<input checked="" type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
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.			
Pamela Shelton		August 15, 2024	
Printed Name of Signer		Date	

HWS 8/23/24 Rec. In-Person