

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 Onslow Protect Our Students		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 2015 Gum Branch Rd #816 Jacksonville, NC 28540		d. Date Organized 1/29/18	e. Phone Number 910-546-0796
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
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 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 checked="" type="checkbox"/> Other / Not listed School Candidate Issues		b. Mailing Address (include City, State, and Zip Code)	
b. Type (Check only one)		c. Phone Number	d. Relationship
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose		d. Member Definition	
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name Michelle Kimberly Fenn		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 215 Winterlochan Dr. Jacksonville, NC 28540		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 910-546-0796	d. Email Address Kimfenn123@gmail.com	c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name Union Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose Political Action Committee School Candidate Issues	
c. Phone Number	d. Email Address	c. Account Code 001	d. Type Checking
<input checked="" type="checkbox"/> Email copy of notices			
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.			
Michelle K Fenn		Michelle K Fenn	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date 10-1-2020	

RECEIVED
OCT 01 2020
BY:

CRO-2100D **Michelle K Fenn**

NC State Board of Elections

July 2014