

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 732 597 3166	
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"/> Legal <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Minority <input type="checkbox"/> Environment <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Religious <input type="checkbox"/> Health <input type="checkbox"/> Trade School <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Utilities Candidate Issues <input type="checkbox"/> Insurance <input checked="" type="checkbox"/> Other / Not listed		b. Mailing Address (include City, State, and Zip Code)	
b. Type (Check only one)		c. Phone Number	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose		d. Relationship	
c. Definition of Type		d. Member Definition	
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name Jacqueline Onifer		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 2015 Gum Branch Rd # 816 Jacksonville NC 28540		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 732 597 3166	d. Email Address onifer23@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 MELANIE NORVELL		a. Financial Institution Full Name Union Bank	
b. Mailing Address (include City, State, and Zip Code) 1004 TIFFIN CT JACKSONVILLE, NC 28546		b. Purpose Political Action Committee School Candidate Issues	
c. Phone Number 910.219.4707	d. Email Address dnorvell@ec.rr.com	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.			
Jacqueline C Onifer Printed Name of Signer		Jacqueline C Onifer Signature of Appointed Treasurer	
		1/29/18 Date	

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information.

1. Committee Information	
a. Full Name <u>Onslow Protect Our Students</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>2015 Gum Branch Rd #816 Jacksonville, NC 28540</u>	d. Date Filed <u>1/29/18</u>
	e. Phone Number <u>732-597-3166</u>

2. Report Year <u>2018</u>	3. Period Start Date (mm/dd/yy) <u>1/29/18</u>	4. Period End Date (mm/dd/yy) <u>12/31/18</u>	5. Treasurer Full Name <u>Jacqueline Onfer</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			

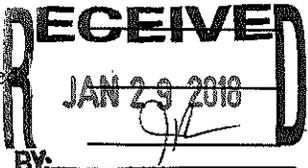
11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Union Bank</u>	a. Financial Institution Full Name	b. Purpose <u>School Candidate Issues</u>	c. Account Code <u>001</u>
b. Purpose	c. Account Code	d. Period Begin Balance <u>\$ 0</u>	d. Period Begin Balance <u>\$</u>

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 and that I have been trained by the NC State Board of Elections.

Jacqueline Onfer Printed Name of Signer Jacqueline Onfer Signature of Appointed Treasurer 1/29/18 Date

FOR OFFICE USE ONLY

Date Received:  Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.