

# Federal Political Committee NC Disclosure Report Cover Addendum

|                              |                             |
|------------------------------|-----------------------------|
| Amendment                    |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Use this form to report additional bank account information that did not fit on the Federal Disclosure Report Cover

|  |  |                                  |   |       |                              |
|--|--|----------------------------------|---|-------|------------------------------|
| <b>1. Committee Full Name</b>  |  |                                  | <b>2. NC ID Number</b>                    |       |                              |
|  |  |                                  |   |       |                              |
| <b>3. Account Information</b>  |  |                                  | <b>3. Account Information</b>             |       |                              |
| <b>a. Financial Institution Full Name</b>  |  |                                  | <b>a. Financial Institution Full Name</b> |       |                              |
|  |  |                                  |   |       |                              |
| <b>b. Purpose</b>  |  | <b>c. Account Code</b>           | <b>b. Purpose</b>                         |       | <b>c. Account Code</b>       |
|  |  |                                  |   |       |                              |
| <b>d. Period Begin Balance</b>   |  | <b>e. Period End Balance</b>     | <b>d. Period Begin Balance</b>            |       | <b>e. Period End Balance</b> |
| \$   |  | \$                               | \$  |       | \$                           |
| <b>3. Account Information</b>  |  |                                  | <b>3. Account Information</b>             |       |                              |
| <b>a. Financial Institution Full Name</b>  |  |                                  | <b>a. Financial Institution Full Name</b> |       |                              |
|  |  |                                  |   |       |                              |
| <b>b. Purpose</b>  |  | <b>c. Account Code</b>           | <b>b. Purpose</b>                         |       | <b>c. Account Code</b>       |
|  |  |                                  |   |       |                              |
| <b>d. Period Begin Balance</b>   |  | <b>e. Period End Balance</b>     | <b>d. Period Begin Balance</b>            |       | <b>e. Period End Balance</b> |
| \$   |  | \$                               | \$  |       | \$                           |
| <b>3. Account Information</b>  |  |                                  | <b>3. Account Information</b>             |       |                              |
| <b>a. Financial Institution Full Name</b>  |  |                                  | <b>a. Financial Institution Full Name</b> |       |                              |
|  |  |                                  |   |       |                              |
| <b>b. Purpose</b>  |  | <b>c. Account Code</b>           | <b>b. Purpose</b>                         |       | <b>c. Account Code</b>       |
|  |  |                                  |   |       |                              |
| <b>d. Period Begin Balance</b>   |  | <b>e. Period End Balance</b>     | <b>d. Period Begin Balance</b>            |       | <b>e. Period End Balance</b> |
| \$   |  | \$                               | \$  |       | \$                           |
| <b>CERTIFICATION</b>   |  |                                  |   |       |                              |
| I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct.  |  |                                  |   |       |                              |
| _____  |  | _____                            |   | _____ |                              |
| Printed Name of Signer   |  | Signature of Appointed Treasurer |   | Date  |                              |
| <b>Please Note:</b> This report cover sheet cannot be used to amend committee information such as the committee name or account information<br>You must amend the Statement of Organization (CRO 4000) to make committee changes |  |                                  |   |       |                              |