

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

Forsyth Black Caucus

c. ID Number

b. Mailing Address (include City, State and Zip Code)

1200-A Willie Davis Drive
Winston Salem NC 27105

d. Date Organized

7-15-2024

e. Phone Number

336-414-1534

2. Political Action Committee Information

a. Category (Check only one)

- | | |
|---|--|
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Building/Real Estate | <input type="checkbox"/> Manufacturing |
| <input checked="" type="checkbox"/> Conservative/Liberal | <input checked="" type="checkbox"/> Minority |
| <input type="checkbox"/> Environment | <input checked="" type="checkbox"/> Political Party not part of Party-Plan of Org. |
| <input checked="" type="checkbox"/> Get Out the Vote | <input checked="" type="checkbox"/> Religious |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Trade |
| <input checked="" type="checkbox"/> Information Technology / Telecommunications | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Other / Not listed |

b. Type (Check only one)

- ☐ Parent Entity
☐ Economic Interest
☒ Political Purpose

c. Definition of Type

3. Connected Organization or Affiliated Committee

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Relationship

d. Member Definition

4. Treasurer Information

a. Full Name

Cynthia Renee Heron

b. Mailing Address (include City, State, and Zip Code)

1200-A Willie Davis Drive
Winston Salem NC 27105

c. Phone Number

d. Email Address

901-600-7120 cinnay2@gmail.com

I prefer to receive notices by email ☒ Yes ☐ No

5. Custodian of Books Information

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of notices

6. Assistant Treasurer Information

a. Full Name

☐ Add

☐ Remove

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

☐ Email copy of notices

7. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

☐ Add

☐ Remove

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.

Cynthia Renee Heron

Printed Name of Signer

Cynthia Renee Heron

Signature of Appointed Treasurer

8-20-24

Date