

Statement of Organization - Political Action Committee

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)

Amendment
 Yes No

1. Committee Information	
a. Full Name Wedge PAC (We Demand Great Education)	c. ID Number
b. Mailing Address (include City, State and Zip Code) 928 Pinetridge St SE Concord, NC 28025	d. Date Organized 5/25/2022
	e. Phone Number 704-701-0149

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 Education	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 checked="" type="checkbox"/> Political Purpose	d. Member Definition	
c. Definition of Type To elect strong local leaders in Cabarrus County who are pro-education		

4. Treasurer Information	5. Custodian of Books Information	
a. Full Name Daniel Helms	a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 2698 Stonewood VW Kannapolis, NC 28081	b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 704-224-4705	d. Email Address KCS-helms@yahoo.com	
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	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	a. Financial Institution Full Name	
c. Phone Number	d. Email Address	b. Purpose
<input type="checkbox"/> Email copy of notices		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.

Daniel Helms Printed Name of Signer [Signature] Signature of Appointed Treasurer 5/26/21 Date

RECEIVED
 MAY 27 2022
 CABARRUS COUNTY
 BOARD OF ELECTIONS