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	FEC FORM 1	STATEMENT OF ORGANIZATION				RECEIVED 2013 JUN -3 AM II: 42		
(v)	1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4	Office Use Onl	CENTER	
	George B	attle l	xploratory C	ommittee		<u> </u>		
	ADDRESS (number a	nd etreet)	PO Box 480	305				
	(Check if a is changed)	ddress	Charlotte		NC	28269	<u></u>	
				CITY	STATE	ZIP	CODE	
			ss (Please provide only one e battleforcon	e-mail address) gress@gmail	.com			
	(Check if address is changed)			1 1 1 1 1 1 1 1		1.1.1.1.1.1		
	COMMITTEE'S WEE	address	DRESS (URL) battleforcong	gress.com		· · · · · · · · · · · · · · · · · · ·		
4))	2. DATE O S	5 23	2013			* * \$ * * * * * * * * * * * * * * * * *		
4))	3. FEC IDENTIFI	CATION N	JMBER C	ymmingstanden participar at ymming great ag sent ag se				
◄ »)	4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A))			
	I certify that I have	examined th	is Statement and to the bes	t of my knowledge and belie	ef it is true, co	rrect and complete) .	
,	Type or Print Name	of Treasure	Ellen Stank	iewicz				
:.	Signature of Treasur	rer	Ellen Stank	riewicz	Date	05 [23]	[′] 2013 [′]	
	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
	: Office Use Only			For further information Federal Election Communication Free 800-424-9530	nission		ORM 1 02/2009)	

	F	EC For i	m 1 (Revised 02/2009)	Page 2				
5.			OMMITTEE	·····				
		didate	Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	e the candidate				
	Name Candi		Geρrge Edward Battle					
	Candi Party	date Affiliatio	on DEM Office Sought: X House Senate President	State NC				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 15				
	Name Candi							
	Part	y Com	mittee:					
	(d)			mocratic, ublican, etc.) Party.				
	Polit	olitical Action Committee (PAC):						
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a				
			Corporation Corporation w/o Capital Stock	abor Organization				
			Membership Organization Trade Association C	ooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.					
(f) This committee supports/opposes more than one Federal candidate, and is NOT a sep committee. (i.e., nonconnected committee)				gated fund or party				
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint Fundraising Representative:							
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/grganizations, at least one of which is an authorized committee of a federal eandidate.					
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political				
		Com	mittees Participating in Joint Fundraiser					
		1.	FEC ID number C	And the second				
		2.	FEC ID number					
		3.	FEC ID number	Americani				
		4	I					

		I		I		
		FEC Form 1 (Re		Page 3		
		Write or Type Committee				
		George Bat	tle Exploratory Committee			
	◄ »)	6. Name of Any Conne	cted Organization, Afhiliated Committee, Joint Fundralsing Representative, or Lo	eadership PAC Sponsor		
			11111111111			
		Mailing Address				
ΝΊ						
М				1-1 1		
M			CITY STATE	ZIP CODE		
33107		Relationship: Co	nnected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor		
	4))	7. Custodian of Records books and records.	ds: Identify by name, address (phone number optional) and position of the person	in possession of committee		
		Full Name	llen Lynn Stankiewicz	1		
			PO Box 480305			
		Mailing Address	1			
			(Charlotte	28269. 1_1 1		
			Charlotte NC	-0209		
		Title or Position	CITY STATE	ZIP CODE		
		Finance Dir	ector Telephone number [919]	[410,[1455 , _		
	4))	8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).				
		Full Name Ellen Lynn Stankiewicz				
		Mailing Address PO Box 480305				
			Charlotte NC STATE	28269		
		Title or Position		_ 410, _ 1455		
		i leadulei	Telephone number	<u> </u>		

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the ()) icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

CITY

STATE

ZIP CODE

Ln

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DATE PREPARED

(3/2005)