Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MATHENY FOR CONGRESS PO BOX 29328 ADDRESS (number and street) (Check if address is changed) **GREENSBORO** 27429 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@COMPLIANCECONSULTINGVA.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.MATHENYFORCONGRESS.COM (Check if address is changed) DATE 2014 C00555045 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. CABELL HOBBS Type or Print Name of Treasurer CABELL HOBBS [Electronically Filed] 02 2014 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
TYPE O	F COMMITTEE	
Candid	ate 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. (Cominformation below.)	nplete the candidate
Name of Candidat	BRYAN ZACHARY MATHENY	
Candidat Party Aff	DED Simes	State NC District 06
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat	e [
Party C	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Il Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated 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 Fi	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	wo or more political
(9)	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
С	ommittees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3	.	
4		

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Write or Type Committee Name	i age u
MATHENY FOR CONGRESS	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	_eadership PAC Sponsor
. Custodian of Records: Identify by name, address (phone number optional) and position of the person in public books and records.	oossession of committee
MELODIE JOHNSON Full Name	1
PO BOX 29328	
Mailing Address	
GREENSBORO NC 27429	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Title or Position CITY STATE	ZIP CODE
ASSISTANT TREASURER Telephone number	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	name and address of
Full Name CABELL HOBBS	ı
of Treasurer	
Mailing Address	
LODELNEDODO	
GREENSBORO NC 27429 CITY STATE	ZIP CODE
CITY STATE Title or Position TREASURER LIVER TO THE PROPERTY OF THE PROPERTY	ZIF CODE

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Full Name of Designated Agent MELC	ODIE JOHNSON	
Mailing Address	PO BOX 29328	
	GREENSBORO NC CITY STATE	27429 ZIP CODE
Title or Position ASSISTANT TREASUR	RER Telephone number	
	sitories: List all banks or other depositories in which the committee depositories	osits tunds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposite		
Name of Bank, Deposito	ory, etc.	
Name of Bank, Deposite	NK OF NORTH CAROLINA	
Name of Bank, Deposite	NK OF NORTH CAROLINA	27408
Name of Bank, Deposite	Ory, etc. NK OF NORTH CAROLINA 2201 N ELM ST	
Name of Bank, Deposite	Ory, etc. NK OF NORTH CAROLINA 2201 N ELM ST GREENSBORO CITY STATE	
Name of Bank, Deposite BAN Mailing Address	Ory, etc. NK OF NORTH CAROLINA 2201 N ELM ST GREENSBORO CITY STATE Ory, etc.	
Name of Bank, Deposite Mailing Address Name of Bank, Deposite BB8	Ory, etc. NK OF NORTH CAROLINA 2201 N ELM ST GREENSBORO CITY STATE Ory, etc.	ZIP CODE