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FEC

Use

Only

STATEMENT OF

RECEIVED TO MAIL CENTED

(Revised 06/2012)

ORGANIZATION 2020 JULY 25 12 10: 47 FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. IMATHEWS COUNTY DEMOCRATIC, COMMITTEE ADDRESS (number and street) (Check if address is changed) 23109 ZIP CODE A STATE A COMMITTEE'S E-MAIL ADDRESS (Check if address pam@coastalbio.com is changed) Optional Second E-Mail Address |rkentwillis@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C 00682393 FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT OR NEW (N) 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. Pamela G. De Lisle Type or Print Name of Treasurer 04 12020 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

1 EO TOME 1 (Nevised 02/2009)	rage &		
TYPE OF COMMITTEE			
Candidate 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. (Completinformation below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Name of Candidate	<u> </u>		
Candidate Office Party Affiliation Sought: House Senate President	State District		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate			
Party Committee:	an and the season of		
(d) This committee is a SUB or subordinate) committee of the DEM Re	emocratic, epublican, etc.) Par		
Political Action Committee (PAC):			
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is		
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 segrecommittee. (i.e., nonconnected committee)	egated fund or pa		
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
(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.	or more political		
Committees Participating in Joint Fundralser			
1.			
2.			
3.			
4.			

FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee I	Name	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Mailing Address		1
aga		
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
7. Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person	n in possession of committee
Full Name PAM	ELA G. DE LISLE	<u> </u>
Mailing Address	[P,O. BOX,11111,	1 1 1 1 1 1 1 1 1
	MATHEWS [2	23109
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	_ 81,5 [27,25
8. Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name of Treasurer	ELA G.,DE LISLE,	
Mailing Address	P.O. BOX 11111	
	MATHEWS VA 2	3109
Title or Position	Telephone number]-

	(Revised 02/2009)	Page 4
Full Name of Designated Agent	! 	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other De safety deposit boxes Name of Bank, Dep	epositories: List all banks or other depositories in which the committee deposits funds, s or maintains funds. pository, etc.	holds accounts, rents
L		<u> </u>
Mailing Address		
Mailing Address		
Mailing Address		
Mailing Address	CITY STATE	ZIP CODE
Mailing Address Name of Bank, Dep		ZIP CODE
		ZIP CODE
		ZIP CODE
Name of Bank, Dep		ZIP CODE
Name of Bank, Dep		ZIP CODE

	Optional Supplemental	into
FEC Form 1S (Revised 02/2017)	for Lines 5(g) or (h), 6,	8 a

Page	of	

FEC Form	1S (Revised 02/2017)	Optional Supplemental Inform for Lines 5(g) or (h), 6, 8 and		Page of
5(g) or (h). 1 2 3 4	loint Fundralsing Par	F	FEC ID number C. FEC ID number C. FEC ID number C. FEC ID number C.	
6. Name of A	Any Connected Organ	nization, Affiliated Committee, Joint Fundraisir		adership PAC Sponsor
	ing Address tionship:	CITY A	STATE A	ZIP CODE A
8. Designate Full Na		nizationAffiliated CommitteeJoint Fundame, address (phone number – optional)	draising Representative	Leadership PAC Sponsor
	Address	CiTY ▲ Teleph	STATE A	
	osit boxes or maintain Bank,	List all banks or other depositories in which the os funds.		holds accounts, rents
Mai	iling Address	CITY A	STATE A	ZIP CODE A

Thems to Democratic Committee

First Class Mail

FEDERAL ELECTION COMMISSION MASHINGTON DC -20463

RECEIVED SECTION OF THE PROPERTY OF THE PROPER

NOVO: DO: NO: DA: DOMN-KIN

Federal Election Com ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked	Date of Receipt
USPS First Class Mail 4/27/20	, , , , , , , , , , , , , , , , , , , ,
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt o Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Spell	6/26/20
PREPARER (2/2015)	DATE PREPARED
(3/2015)	