Image# 12952626888				08/09/2012 20 : 17	
FEC FORM 1	STATEME ORGANIZ			PAGE 1 / 4	
			Office	e Use Only	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
	gress				
1					
ADDRESS (number and street)	PO Box 5053				
(Check if address is changed)					
is changeu)			NC 28027 STATE ▲	ZIP CODE	
COMMITTEE'S E-MAIL ADDF		oforcongress com			
 (Check if address is changed) 		shawn@richardhudsonforcongress.com			
	Optional Second E-Mail Ad	ldress		1	
COMMITTEE'S WEB PAGE A	DDRESS (URL)	congress.com			
	09 / Y Y Y Y 2012				
3. FEC IDENTIFICATION	NUMBER ► C c	00504522			
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)			
I certify that I have examined	this Statement and to the best	t of my knowledge and belief it	is true, correct and c	omplete.	
Type or Print Name of Treasu	rer Shawn M. Kocher				
Signature of Treasurer	wn M. Kocher	[Electronically Filed]	Date 08	09 / Y Y Y Y Y 09 2012	
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing to NON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.	
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on F	EC FORM 1 (Revised 06/2012)	

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	FEC Fo	orm 1 (Revised 02/2009) Page 2		
TYP	E OF C	COMMITTEE		
Car	ndidate	e Committee:		
(a)	\times	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 the candidate information below.)		
	ne of didate	Richard L. Hudson Jr.		
	didate y Affiliati	ion REP Office Sought: X House Senate President District 0		
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	ne of didate			
Par	ty Con	nmittee:		
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Patient		
Pol	itical A	Action Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization		
		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 segregated fund or party committee. (i.e., nonconnected committee)		
	In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joir	nt Func	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
	Com	nmittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.	FEC ID number		

I

Write or Type Committee Name

Hudson for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Take Back North C	Carolina		
Mailing Address	2470 Daniels Bridge Road		
-	Suite 121		
	Athens	GA	30606-6191
	CITY	STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee X	Joint Fundraising Representativ	e Leadership PAC Sponsor
7. Custodian of Records books and records.	: Identify by name, address (phone number op	otional) and position of the pers	son in possession of committee
Shav	wn M. Kocher		
Full Name			

	Concord		28027-8210	
Title or Position	CITY	STATE	ZIP CODE	
Custodian of Records		Telephone number		

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 of Treasurer	Shawn M. Kocher
Mailing Address	508 Geary Street NW
	Concord NC 28027-8210 -
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

Full Name of Designated Agent	William Bain	
Mailing Address	110 W Louisiana Avenue	
	Suite 312	
	Midland	TX 79701-3414
	CITY	STATE ZIP CODE
Title or Position	urer Telephone r	number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

В	ank of America		
Mailing Address	368 George W Liles Parkway NW		
	Concord		28027-2406
	CITY	STATE	ZIP CODE
Name of Bank, Dep	ository, etc.		
S	SunTrust Bank		
	PO Box 4418		
Mailing Address			
	Atlanta	GA	30302-4418
	CITY	STATE	ZIP CODE