

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2014 FEB 25 PM 12:15
Office Use Only MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

JAMES MITCHELL FOR CONGRESS

ADDRESS (number and street)

8511 DAVIS LAKE PARKWAY

(Check if address is changed)

SUITE C1

CHARLOTTE NC 28269

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

JAMES@JAMESWORKSFORNC12.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.JAMESWORKSFORNC12.COM

2. DATE 02 ' 20 ' 2014

3. FEC IDENTIFICATION NUMBER C

4. 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.

Type or Print Name of Treasurer Ronnie Devine

Signature of Treasurer Ronnie Devine Date 02 ' 20 ' 2014

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.

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5. 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. (Complete the candidate information below.)

Name of Candidate James Mitchell

Candidate Party Affiliation DEM Office Sought: House Senate President State NC District 12

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

- 1. _____ FEC ID number C
- 2. _____ FEC ID number C
- 3. _____ FEC ID number C
- 4. _____ FEC ID number C

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Treasurer

Mailing Address

[Empty grid lines for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title/position]

Telephone number

[Empty grid lines for 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

Ronnie Devine

Mailing Address

8511 Davis Lake Parkway, Suite C1

Charlotte

CITY

NC

STATE

28269

ZIP CODE

Title or Position

Treasurer

Telephone number

704-649-4831

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Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone 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.

Fifth Third Bank

Mailing Address

5330 Sunset Road

[Empty grid for Mailing Address line 2]

Charlotte NC 28269

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

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14031190926

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<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)
28204	2-25-14	28204	2-25-14
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Date Accepted (MM/DD/YY)	Scheduled Delivery Time
2-24-14	12:00 PM	2-24-14	12:00 PM
Time Accepted	<input type="checkbox"/> Loss Guarantee Only	Time Accepted	<input type="checkbox"/> Loss Guarantee Only
12:59 PM	<input type="checkbox"/> Live Shipment	12:59 PM	<input type="checkbox"/> Live Shipment
Weight	<input type="checkbox"/> Sunday/Holiday Premium	Weight	<input type="checkbox"/> Sunday/Holiday Premium
Flat Rate	lbs. ozs.	Flat Rate	lbs. ozs.
DELIVERY (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
Delivery Attempt (MM/DD/YY)	Time	Delivery Attempt (MM/DD/YY)	Time
	AM PM		AM PM
Employee Signature	Employee Signature	Employee Signature	Employee Signature
Return Receipt Fee	Insurance Fee	Return Receipt Fee	Insurance Fee
\$ 2.70	\$	\$ 2.70	\$
Total Postage & Fees	Acceptance Employee Initials	Total Postage & Fees	Acceptance Employee Initials
\$ 22.69		\$ 22.69	

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)
 PHONE ()
 James Mitchell For Congress
 8511 Davis Lake Parkway
 Suite C-1
 Charlotte, NC 28269

PAYMENT BY ACCOUNT (if applicable)

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SIGNATURE REQUIRED
 Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the mail in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

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 Washington, DC 20543

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Federal Election Commission
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Other (Specify): Date of Receipt or Postmarked

EA

PREPARER
(8/2013)

2/25/14
DATE PREPARED

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