

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

16 JAN -4 PM 12:52

Office Use Only

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

12FE4M5

BRANNON FOR US SENATE

ADDRESS (number and street)

PO BOX 10842

(Check if address is changed)

RALEIGH

CITY ▲

NC

STATE ▲

27605

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

compliance@complianceconsultingva.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.gregbrannon.com

2. DATE

12 / 28 / 2015

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 CABELL HOBBS

Signature of Treasurer

CABELL HOBBS

Cabell Hobbs

Date

12 / 28 / 2015

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 contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

201601040200000001

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 GREGORY BRANNON

Candidate Party Affiliation REP Dem Ind Other

Office Sought: House Senate President

State NC District 00

- (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

201601040200000002

Write or Type Committee Name

BRANNON FOR US SENATE

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

NONE

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 CABELL HOBBS

Mailing Address PO BOX 10842

RALEIGH NC 27605

CITY STATE ZIP CODE

Title or Position

TREASURER 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 CABELL HOBBS

Mailing Address PO BOX 10842

RALEIGH NC 27605

CITY STATE ZIP CODE

Title or Position

TREASURER Telephone number

2016010402000000003

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[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.

BB&T [Grid for Name of Bank]

Mailing Address

2200 WILSON BLVD [Grid for Mailing Address Line 1]

STE. 100 [Grid for Mailing Address Line 2]

ARLINGTON VA 22201 [Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

201601040200000004





201601040200000005

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POSTAGE REQUIRED

PRIORITY® ★ MAIL ★

-  DATE OF DELIVERY SPECIFIED*
 -  USPS TRACKING™ INCLUDED*
 -  INSURANCE INCLUDED*
 -  PICKUP AVAILABLE
- * Domestic only

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EP14F Apr 2015
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P

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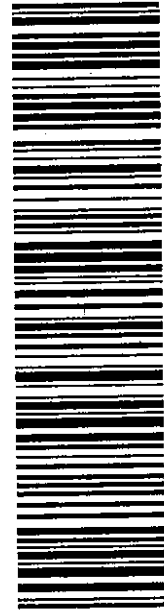
COMPLIANCE CONSULTING LLC 0024

PO BOX 365
MCLEAN VA 22101

B078

SHIP TO: SECRETARY OF THE SENATE
OFFICE OF PUBLIC RECORDS
PO BOX 77578
WASHINGTON DC 20013-8578

USPS TRACKING #



9405 5118 9956 3919 6553 09

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt Postmark

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Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
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| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

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Date of Receipt

POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

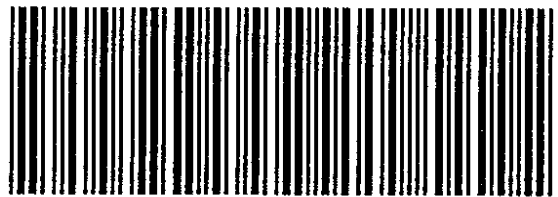
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 1-4-16

2016010402000000006



SEN PATCH



SEN PATCH

20160104020000000007