FEC FORM 1

Only

STATEMENT OF ORGANIZATION

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(Revised 02/2009)

Office Use Only Example:If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in fuli) is changed) over the lines. Clay Aiken for North Carolina ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) jinfo@clayaiken.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE c 00556092 FEC IDENTIFICATION NUMBER 4. IS THIS STATEMENT AMENDED (A) NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Eugene Conti Type or Print Name of Treasurer Signature of Treasurer 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: Federal Election Commission **FEC FORM 1** Use

Toll Free 800-424-9530

Local 202-694-1100

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5. TYPI	OF C	OMMITTEE			
Can	Candidate Committee:				
(a)	X	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. (Compinformation below.)	ete the candidate		
Nam					
Cano	lidate				
	iidate Affiliati	on DEM Sought: House Senate President	State NC District 02		
(c)	Republicant.				
Nam Cano	e of lidate				
Par	ty Con	nmlttee:			
(d)			Democratic, lepublican, etc.) Party.		
Poli	tical A	ction Committee (PAC):			
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:		
1-7					
		Corporation Corporation w/o Capital Stock	Labor Organization		
		Membership Organization Trade Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	Ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	regated 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.)			
Joir	t Fund	iralsing Representative:			
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political		
	L	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 committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political		
	Con	mittees Participating in Joint Fundraiser			
	1.	FEC ID number C			
	2.				
	3.	FEC ID number C			
	4.				
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		02/2009)

٧	Vrite or Type Comr	nittee Name
(Clay Aiker	ı for North Carolina
6.	Name of Any.C	onnected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
L		
L		
	Malling Address	
		CITY STATE ZIP CODE
	Relationship:	Connected Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor
7.	Custodian of Rebooks and record	cords: Identify by name, address (phone number optional) and position of the person in possession of committee
		¡Eugene Conti
	Full Name	
	Mailing Address	P.O. Box 3809
		Raleigh NC 27519 27519 3809
	Title or Position	CITY STATE ZIP CODE
	Treasurer	Telephone number
_		
8.	Treasurer: List the any designated a	ne name and address (phone number optional) of the treasurer of the committee; and the name and address of gent (e.g., assistant treasurer).
	Full Name of Treasurer	Eugene Conti
	Mailing Address	P.O. Box 3809
		Raleigh NC 27519 - 3809
	Title or Position	CITY STATE ZIP CODE
_	Treasurer	Telephone number
1		

CITY

STATE .

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Full Name of

Mailing Address

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Full Name of Designated Agent	Michael L. Weisel	
Mailing Address	Bailey & Dixon, LLP	
	[Р. Q. Box 1351	
		NC 27602 -[1351 zip code
Title or Position	Telephone numbe	السا-لسا
Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee xes or maintains funds. Depository, etc.	deposits funds, holds accounts, rents
:		
Mailing Address		
•		
	CITY S	TATE ZIP CODE
Name of Bank, D	Depository, etc.	
Mailing Address		<u> </u>
	CITY	TATE ZIP CODE







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Clay Aiken for North Carolina P.O. Box 3809

Cary, North Carolina 27519

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Next Business Day Delivery	Next Business Day Delivery
Date of Receipt Received from House Records & Registration Office	Date of Receipt Registration Office
Date of Receipt Received from Senate Public Records Office	Date of Receipt ecords Office
Date of Receipt Received from Electronic Filing Office	Date of Receipt Office
Other (Specify):	Date of Receipt or Postmarked
8 4/8/14	4/8/14
PREPARER DATE PREPAR (8/2013)	DATE PREPARED