## 28039712032

FEC FORM 1

## STATEMENT OF ORGANIZATION

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2008 APR 28 AH 9: 50

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) DINIGRIENS ADDRESS (number and street) (Check if address is changed) 12,7,3,7,91 YIAINICIEIYIVIZILILIEI STATE ZIP CODE CITY COMMITTEE'S E-MAIL ADDRESS WIELBSITIEIR FIORICIONIGIRIEISISIEGMAIZILI. ICIOIMILI COMMITTEE'S WEB PAGE ADDRESS (URL) MINIM. WEBISITIEIRIFIA ACIONIGI RESISI. ICIOMI COMMITTEE'S FAX NUMBER 3004 DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT 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 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 Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 (Revised 12/2007) Local 202-694-1100	Federal Election Commission Toll Free 800-424-9530 (Revised 12/2007)	,				Use Only	L
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	FEC F	orm 1 (Revised 12/2007)	Page 2
	-	COMMITTEE	
	ididat	e Committee:	
(a)	Dec. 23	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. (Cor information below.)	nplete the candidate
Nam Cand	e or didate	HILLGH WEBSTEA	
	didate Affiliat	ion A.E.P. Office Sought: V House Senate President	State nC District 13
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District ( 5
Namo			
Par	ty Cor	mmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	i i i i i i i i i i i i i i i i i i i
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.	FEC ID number C	
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FEC Form 1 (Posicod	12/2007\	Page 3
FEC Form 1 (Revised Write or Type Committee Nam	9	raye 3
WEBOTE	A FOR CONSMIS	
6. Name of Any Connected	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint	Fundralsing Representative
	<u>                                     </u>	<u>                                     </u>
Mailing Address		
		لــــا-لـــــا
Date:	CITY STATE	ZIP CODE
Relationship:  Connected Organization	Affiliated Committee Leadership PAC Sponsor Joi	int Fundraising Representative
7. Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the po	erson in possession of committee
Full Name Sitt A	NINIOIN HI WHITE	
Mailing Address	LILLY DEER THATL	
	REZIDISIVIZILLE WIC	27320-
Title or Position	CITY STATE	ZIP CODE
•	MANIAIGELA Telephone number	ـــا-لــــا
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name of Treasurer	ERT A DINGGILA	
Mailing Address	120,29 MOUNTAIN LAUREL DR	
<b>_</b>	CITY STATE	27,5,27]-
Title or Position TREASURER	Telephone number $9$	19-1553-13954
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Full Name of Designated Agent						
Mailing Address						
	CITY	STATE	ZIP CODE			
Title or Position		•				
	Telephone	number				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents						
safety deposit boxes or ma Name of Bank, Depository,						
, and or many populary,						
FILL	ELITY BANK					
Mailing Address	125117 BOUTH CHURCH	STREE	<u> </u>			
		1 1 1 1 1				
	BURILZING TION	ושש	27215-			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository,	etc.					
_						
للللا						
Mailing Address						
		لباا				
	CITY	STATE				

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED