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FEC FORM 1			TEMEN GANIZA					'
						Of	fice Use Only	<u>'</u>
<ol> <li>NAME OF COMMITTEE (in</li> </ol>	full)	(Chec is cha	k if name inged)	Example: If typing, to over the lines.	ype 12F	E4M5		
Deciding C	ritical l	Races P	AC (DC	R PAC)				
ADDRESS (number a	nd street)	PO Box 377						
(Check if a is changed								
	-,	Wake Forest			NC	275	88	
		CITY A			STAT	E▲	ZIP	CODE
COMMITTEE'S E-MA	AIL ADDRES	SS						
(Check if a is changed		Heather.Fo	rd@TFFirm.	com				
		Optional Seco	ond E-Mail Add	Iress				
【 【 (Check if a is changed								
2. DATE 1:								
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C co	00577288				
4. IS THIS STATEN	MENT	NEW (N)	OR	<b>x</b> AMENDE	D (A)			
I certify that I have e	examined th	is Statement an	nd to the best	of my knowledge and	belief it is true,	correct and	complete.	
Type or Print Name	of Treasurer	Ford, Heather	.,,,					
Signature of Treasure	er <i>Ford</i> , —	Heather, , ,		[Electronically F	iled] Date	12	18	2018
NOTE: Submission of				may subject the person			penalties of	2 U.S.C. §437g.
Office Use Only				For further information Federal Election ( Toll Free 800-424 Local 202-694-110	Commission -9530		FEC FC (Revised	_

EFO <b>F</b>	orm 1 (Payicad 02/2000)	Page 2
	orm 1 (Revised 02/2009)  COMMITTEE	Page 2
Candida	te 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. (Cominformation below.)	olete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(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
Coi	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

	EEC Form 1 (Povisod (	02/2000)	Page <b>3</b>
W	FEC Form 1 (Revised 0  /rite or Type Committee Name		i aye 🦸
		al Races PAC (DCR PAC)	
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship DAC Spansor
	-		ship PAC Sporisor
L	OUZER, DAVID, CH		
	Mailing Address	5630 OLD GARDEN ROAD	
	<b>3</b>	APARTMENT 201	
		WILMINGTON NC 28403	. 1-1 1
		CITY STATE	ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative X Le	adership PAC Sponsor
<b>'</b> .	Custodian of Records: Identification books and records.  Ford, Heat	ntify by name, address (phone number optional) and position of the person in position	ssession of committee
	Full Name		
	Mailing Address	PO Box 377	
		Wake Forest NC 27588	
	Title or Position	CITY STATE	ZIP CODE
	Treasurer		550 2100
3.	<b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ime and address of
	Full Name Ford, Heat of Treasurer	her,,,	1
		PO Box 377	
	Mailing Address		
		Wake Forest	
		CITY STATE	ZIP CODE
	Title or Position Treasurer	Telephone number =	550 - 2100

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Waters, Sarah, , ,	
Mailing Address	1570 Village Glenn Drive	
	Date is	
	Raleigh CITY STATE 27612	ZIP CODE
Title or Position Assistant Treasu	rer 	
safety deposit box Name of Bank, De	Depositories: List all banks or other depositories in which the committee deposits funds, holds ees or maintains funds.  epository, etc.  First Citizens Bank	accounts, rents
Mailing Address	4400 Six Forks Road	
a.my nucless		
	Raleigh NC 27609	
	CITY STATE	ZIP CODE
Name of Bank, De	epository, etc.	
Mailing Address		1 1 1 1 1 1 1
ivialling Address		
Mailing Address		
waning Address		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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h). Joint Fundraisir		FEC ID number	C
1.		FEC ID number	C
2.			C
3.		FEC ID number	
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Rouzer Congress	ional Trust		
Mailing Address	PO Box 377		
waming Address			
	Wake Forest	, NC	27588
Relationship:	CITY A	STATE A	ZIP CODE A
Connected		t Fundraising Representa	ative Leadership PAC S
		t Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee	t Fundraising Represent	Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee Joint by by name, address (phone number – optional)		
esignated Agent: Identif	d Organization Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee  y by name, address (phone number – optional)  CITY		
esignated Agent: Identify Full Name	Affiliated Committee  y by name, address (phone number – optional)  CITY	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions.	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material depository, etc	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A