PAGE 1 / 4 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Committee to Elect Colton Unden 540 Bridle Ridge Lane ADDRESS (number and street) Apt 102 (Check if address is changed) Raleigh 27609 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS coltonunden@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2015 C00580605 FEC IDENTIFICATION NUMBER > 3. X 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. Colton Unden Type or Print Name of Treasurer Colton Unden [Electronically Filed] 07 06 2015 Signature of Treasurer Date 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: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>			
		OMMITTEE				
	ndidate	e Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	1			
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate			
Nam Cand	e of didate	Colton Unden				
	didate	on IND Office Sought: House Senate X President	State			
Party	/ Affiliati	on IND Sought: House Senate X President	District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:	(Damagratia			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a			
		Corporation Wo 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 secommittee. (i.e., nonconnected committee)	egregated 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.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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			
	Com	Committees Participating in Joint Fundraiser				
	1.					
	2.					
	3.	FEC ID number C				
	4.					

Write or Type Committee Nar		
	ne ne	
Committee to	Elect Colton Unden	
Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
	<u>                                     </u>	
Mailing Address		
	CTATE	-:: 2205
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponso
Custodian of Records: Id books and records.	entify by name, address (phone number optional) and position of the person in po	ssession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
1		1 1
	Telephone number	
<b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the na	ame and address of
Full Name Colton U	nden	
Mailing Address	540 Bridle Ridge Lane	
	Apt 102	
	Raleigh NC 27609	
Title or Position	CITY STATE	ZIP CODE
Chair and Treasurer	Telephone number	-   -

FEC <b>For</b>	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit b Name of Bank,		lds accounts, rents
safety deposit b	Depository, etc.  Bank of America  100 North Tryon Street	ids accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street	ids accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street	Ids accounts, rents
safety deposit b Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  CITY  STATE  Depository, etc.	ZIP CODE