



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-1

April 21, 2014

BARBARA HALLMAN DANTONIO, TREASURER
SANYAL FOR CONGRESS
PO BOX 91057
RALEIGH, NC 27675

Response Due Date
05/27/2014

IDENTIFICATION NUMBER: C00561340

REFERENCE: STATEMENT OF ORGANIZATION

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the Statement of Organization referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received by the response date noted above.** Additional information is needed for the following 1 item(s):

- On your Statement of Organization (FEC Form 1) you have selected multiple committee types. Please be advised that your committee may only select **one** Type of Committee. The Statement of Organization must provide the name, address and type of committee. (11 CFR § 102.2(a)(1)(i))

Please clarify your committee type by amending your Statement Organization to disclose the correct committee type. This can be done Section 5 "Type of Committee" on the FEC Form 1 by checking **one** of the boxes labeled (a) - (h) and providing any additional information requested for the selected committee type.

Please note you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

A copy of FEC FORM 1 can be downloaded from the FEC website at <http://www.fec.gov>, or requested through the FEC Faxline at (202) 501-3413. If you

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2014 MAY 15 AM 11:43
FEC MAIL CENTER

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SANYAL FOR CONGRESS

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should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1132.

Sincerely,



Chris Jones
Campaign Finance Analyst
Reports Analysis Division

496

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FEC FORM 1

STATEMENT OF ORGANIZATION

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2014 MAY 15 11:43 AM

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

SANYAL FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 91057

(Check if address is changed)

RALEIGH

CITY

NC

STATE

27675

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

SANYALFORCONGRESS.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

SANYALFORCONGRESS.COM

2. DATE

05 '01 '2014

3. FEC IDENTIFICATION NUMBER

C00561340

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Barbara Hallman Dantonio

Signature of Treasurer

Barbara Hallman Dantonio date 05 '01 '2014

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 08/2012)

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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 ARUNAVA SANFAL

Candidate Party Affiliation DEM Office Sought House Senate President State NC District 13

- (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

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

BARBARA HALLMAN DANTONIO

Mailing Address

P.O. BOX 373

STANTONSBURG

NC

27883

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

252-360-1245

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

BARBARA HALLMAN DANTONIO

Mailing Address

P.O. BOX 373

STANTONSBURG

NC

27883

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

252-360-1245

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Full Name of Designated Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

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.

WELLS FARGO BANK

Mailing Address

P O BOX 6995

PORTLAND

OR

97228-6995

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031240094

angal for Congress
o. Box 91057
aleigh, NC 27675



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Federal Election Commission
999 E. Street, NW
Washington, DC 20463



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.

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|--|-------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery | <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |


 PREPARER
 (8/2013)

5/15/14
 DATE PREPARED

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