Image# 12970948138 PAGE 1 / 4

FEC FORM 1		STATE ORGA								
1. NAME OF		(Check if n	ame	Example: If typ	ing type	<u> </u>		Jse Only		
COMMITTEE (ir	full)	is changed		over the lines.	0. ,,	12FE4	4 5			
Elisabeth I	Motsin	ger for Cor	ngress	S			1 1 1			₁
ADDRESS (number a	nd street)	1411 West First Str	reet							
(0) 1 "	•	P. O. Box 25121								
X (Check if a is changed)		Winston-Salem				NC	27114-5	121		
			СІТ	Υ		STATE		ZIP COD	ÞΕ	
COMMITTEE'S E-MA	AL ADDRES	•	nly one e-ma	ail address)						
(Check if	address	john@nc5th.us								
is change										
COMMITTEE'S WEB	PAGE ADD	RESS (LIRL)								
OOMMITTEE O WED	THOE HE	http://www.nc5th.us	S		1 1 1 1			1 1 1	1 1 1	. 1
(Check if is change										
2. DATE 04		2012]							
3. FEC IDENTIFIC	CATION NU	MBER	C C005	08580						
4. IS THIS STATE	MENT X	NEW (N)	OR	AME	NDED (A)					
I certify that I have e	examined th	s Statement and to	the best of	my knowledge	and belief i	t is true, corr	ect and con	nplete.		
Type or Print Name	of Treasurer	John Kings Motsin	ger Sr							
						M	M / D	• D /	Y	Y
Signature of Treasure	John Kii er	ngs Motsinger Sr		[Electroni	cally Filed]	Date	04	15	2012	2
NOTE: Submission of								Ities of 2	U.S.C. §	437g.
	,	ANY CHANGE IN INF	ORMATION	SHOULD BE R	EPORTED W	/ITHIN 10 DA	YS.			
Office				For further	information of	contact:	FE	C FOR	M 1	

l U:	ice se nly				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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FE	EC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cand		e 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. (Corinformation below.)	nplete the candidate
Name Candid		Elisabeth Marie Motsinger	
Candid		Office	State
Party A	Affiliatio	on DEM Sought: X House Senate President	District 05
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	cal A	ction 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
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		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 Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	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	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

10	FEC Form 1 (Revised (Page 3
	Vrite or Type Committee Name		
		nger for Congress	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
_ 			
	Mailing Address		
	Mailing Address		
		CITY STATE ZI	P CODE
	_		
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
' .	Custodian of Records: Identification books and records.	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
		s Motsinger Sr	1
	Full Name	1411 West First Street	
	Mailing Address	Post Office Box 25121	
		Winston-Salem , NC , 27114-512	1 , ,
	Title or Position	CITY STATE ZII	P CODE
	Treasurer/Legal & Co		3 - 8100
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name John Kings	s Motsinger Sr	
	of Treasurer	V4.444 West First Street	
	Mailing Address	1411 West First Street	
		Post Office Box 25121	
		Winston-Salem NC 27114-5121	
	Title or Position	CITY STATE ZIF	P CODE
	Treasurer		3 - 8100

FEC Form 1	I (Revised 02/2009)	Page 4
Full Name of Designated T Agent	Frent M Harmon	
Mailing Address	1411 West First Street	
•	Post Office Box 25121	
	Winston-Salem NC 271	14-5121
	CITY STATE	ZIP CODE
Title or Position Assistant Treasure	er	- 293 - 8100
safety deposit boxes Name of Bank, Dep		holds accounts, rents
safety deposit boxes Name of Bank, Dep	s or maintains funds.	holds accounts, rents
safety deposit boxes Name of Bank, Dep	Southern Community Bank and Trust P. O. Box 26134	holds accounts, rents 14-6134
safety deposit boxes Name of Bank, Dep	Southern Community Bank and Trust P. O. Box 26134	
safety deposit boxes Name of Bank, Dep	Southern Community Bank and Trust P. O. Box 26134 Winston-Salem CITY STATE	14-6134
safety deposit boxes Name of Bank, Dep Mailing Address	Southern Community Bank and Trust P. O. Box 26134 Winston-Salem CITY STATE	14-6134
safety deposit boxes Name of Bank, Dep Mailing Address	Southern Community Bank and Trust P. O. Box 26134 Winston-Salem CITY STATE Dository, etc.	14-6134
safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Southern Community Bank and Trust P. O. Box 26134 Winston-Salem CITY STATE Dository, etc.	14-6134
safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	Southern Community Bank and Trust P. O. Box 26134 Winston-Salem CITY STATE Dository, etc.	14-6134