Only

STATEMENT OF

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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. Coatney for Congress 49 Newberry Dr ADDRESS (number and street) (Check if address is changed) Fletcher 28732 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@coatneyforcongress.com (Check if address is changed) Optional Second E-Mail Address david@sleekwebmarketing.com COMMITTEE'S WEB PAGE ADDRESS (URL) coatneyforcongress.com (Check if address is changed) DATE 03 2021 C00786277 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. Lanahan, Charles, Alexander, , Type or Print Name of Treasurer Lanahan, Charles, Alexander, , [Electronically Filed] 03 10 2022 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

Local 202-694-1100

FI	EC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	
Cano	lidate	e 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. (Con information below.)	nplete the candidate
Name Candid		Coatney, David, Adam, ,	
Candio		Office	State
Party I	Affiliati	on LIB Sought: X House Senate President	District 11
(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.
Politi	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 scommittee. (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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Na		i age u
Coatney for C		
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the person in	cossession of committee
	an, Charles, Alexander, ,	
Full Name	4000 Aventine Dr. Apt 207	
Mailing Address		
	Arden , NC , 28704	1 , ,
Title or Position	CITY STATE	ZIP CODE
Treasurer		279 4232
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name Lanaha of Treasurer	nn, Charles, Alexander, ,	
Mailing Address	4000 Aventine Dr. Apt 207	
	Arden NC 28704 CITY STATE	ZIP CODE
Title or Position Treasurer		279 - 4232

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Full Name of Designated	Coatney, David, , ,	
Agent Mailing Address	49 Newberry Dr	
	Fletcher NC 28732	-
	CITY STATE ZIF	IP CODE
Title or Position	603 738	38 4088
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds. Depository, etc.	accounts, rents
safety deposit b	oxes or maintains funds. Depository, etc. BB&T 1653 Hendersonville Rd	accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. BB&T 1653 Hendersonville Rd	accounts, rents
safety deposit b Name of Bank,	Depository, etc. BB&T 1653 Hendersonville Rd Asheville NC 28803	accounts, rents
safety deposit b Name of Bank,	Depository, etc. BB&T 1653 Hendersonville Rd Asheville CITY STATE ZII	
safety deposit b Name of Bank, Mailing Address	Depository, etc. BB&T 1653 Hendersonville Rd Asheville CITY STATE ZII	
safety deposit b Name of Bank, Mailing Address	Depository, etc. BB&T 1653 Hendersonville Rd Asheville CITY STATE ZII Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. BB&T 1653 Hendersonville Rd Asheville CITY STATE ZII Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. BB&T 1653 Hendersonville Rd Asheville CITY STATE ZII Depository, etc.	