**FEC** 

Only

## STATEMENT OF

PAGE 1 / 4

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Erin Pare for Congress PO Box 97275 ADDRESS (number and street) (Check if address is changed) Raleigh 27624 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address EPC@CMANDCO.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2023 C00849422 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. Type or Print Name of Treasurer McMichael, Collin,, McMichael, Collin, , , Date 80 30 2023 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

EC Form 1 (Revised 03/2022)	Page <b>2</b>	
TYPE OF COMMITTEE:		
Candidate 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. (Complete information below.)	the candidate	
Name of Candidate Pare, Erin, , ,		
Candidate Party Affiliation  REP  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 Republic	atic, an, etc.) Party	
Political Action Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	ected organization is a:	
Corporation Corporation w/o Capital Stock Labor	r Organization	
Membership Organization Trade Association Coop	erative	
In addition, this committee is a Lobbyist/Registrant PAC.		
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)		
(g) This committee is an independent expenditure-only political committee (Super PAC).		
In addition, this committee is a Lobbyist/Registrant PAC.		
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.		
Joint Fundraising Representative:		
(i) 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	
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 Form 1 (Revised 02	2/2009)	Page <b>3</b>
٧	rite or Type Committee Name	,	
	Erin Pare for Cor	gress	
3.		ganization, Affiliated Committee, Joint Fundraising Representation	ve, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represe	entative Leadership PAC Sponsor
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and position of the per	son in possession of committee
	McMichael,	Collin, , ,	1
	Mailing Address	PO Box 97275	
		Raleigh	27624
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼	SIALE S	Zii OODL _
	Treasurer	Telephone number	919 - 889 - 1817
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committed sistant treasurer).	tee; and the name and address of
	Full Name McMichael, of Treasurer	Collin, , ,	
	Mailing Address	PO Box 97275	
		Raleigh	27624
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	919 - 889 - 1817

FEC <b>Form</b> 1	(Revised 02/2009)		Page <b>4</b>		
Full Name of Designated					
Agent					
Mailing Address					
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲		
	Telephone	number			
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the commes or maintains funds.	nittee deposits f	unds, holds accounts, rents		
Name of Bank, I	epository, etc.				
	Truist Bank				
Mailing Address	9111 Litchford Rd				
	Raleigh	NC	27615		
	CITY A	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY A	STATE ▲	ZIP CODE ▲		