

RECEIVED
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FEC
FORM 1

STATEMENT OF
ORGANIZATION

2022 MAY 13 AM 11:17

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Robert Colon NC

ADDRESS (number and street)

721 Melba Court D

(Check if address
is changed)

Wilmington
CITY ▲

NC
STATE ▲

28405-
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

robertjohncolon@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

https://roberitcolonning.com/

2. DATE

05 / 09 / 2022

3. FEC IDENTIFICATION NUMBER ►

C

4. 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

Debra Colon

Signature of Treasurer

Debra Colon

Date

05 / 12 / 2022

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530

FEC FORM 1
(Revised 06/2012)

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

Robert John Colom

Candidate Party Affiliation

DEM

Office Sought:

House

 Senate President

State

NC
[]

District

(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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> 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)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.	<input type="checkbox"/> In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
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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] []

Write or Type Committee Name

Robert Colon NC

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

None

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

Robert Colon

Mailing Address

721 Melibea Court Apt D Wilmington NC 28405-1

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

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 TreasurerDebra Colon

Mailing Address

721 Melibea Court Apt D Wilmington NC 28405-1

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

Full Name of
Designated
Agent

Robert C. Colton

Mailing Address

721 Melibea Court Apt. D

Wilmington

CITY

NC

28405

ZIP CODE

Title or Position

Assistant Treasurer

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

300 N 3rd Street

Wilmington

CITY

NC

28401

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

 -

CITY

STATE

ZIP CODE

U.S. POSTAGE PAID
ONE DAY
WILMINGTON, NC
28405
MAY 12 22
AMOUNT
\$26.95
R2305K134377-22



20463



PRESS FIRMLY TO SEAL



MAIL
PRESS FIRMLY TO SEAL

PRIORITY
MAIL
EXPRESS®

UNITED STATES
POSTAL SERVICE®

CUSTOMER USE ONLY
FROM: (PLEASE PRINT)

Robert Colon NC
721 Melba Court
APT D
Wilmington, NC 28405

PHONE (

)

TO: (PLEASE PRINT)

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

PHONE (

)

TO:

ZIP + 4* (U.S. ADDRESS ONLY)
2 0 4 6 3

Delivery Attempt (MM/DD/YY) Time AM PM
Delivery Attempt (MM/DD/YY) Time AM PM
Delivery Attempt (MM/DD/YY) Time AM PM
Delivery Attempt (MM/DD/YY) Time AM PM

Scan the
ZIP code
at the
bottom
of this
label
to track
your
mail.



USPS.CO
PEEL FROM THIS CORNER

LABEL 11-B, MAY 2021
PSN 7690-02-000-9998

RE REQUIRED.

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
■ \$10.00 Insurance included.

NAL USE
RE

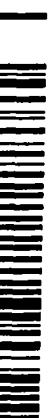


EI 372 176 708 US

PAYMENT BY ACCOUNT (if applicable)
USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service® Acct. No.

ORIGIN/POSTAL SERVICE USE ONLY		Destination	
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
28405	5/13/22	\$ 26.95	
1-Day <input type="checkbox"/> 2-Day <input type="checkbox"/> Military <input type="checkbox"/> DPO <input type="checkbox"/>			
Date Accepted (MM/DD/YY)		Scheduled Delivery Time	Insurance Fee
5/12/22		16:00 PM	\$
Time Accepted		AM <input type="checkbox"/> PM <input type="checkbox"/>	Return Receipt Fee
9:42		AM <input type="checkbox"/> PM <input type="checkbox"/>	\$
Special Handling/Fragile		Sunday/Holiday Premium Fee	Total Postage & Fees
\$		\$	\$ 26.95
Weight		Flat Rate lbs. <u>2.2</u> oz. Acceptor Employee Initials <u>ML</u>	Employee Signature
DELIVERY/POSTAL SERVICE USE ONLY			
Delivery Attempt (MM/DD/YY) Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY) Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY) Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY) Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	

Destination	
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)
1050 First Street, N.E. Washington, DC 20463	5/13/22
1-Day <input type="checkbox"/> 2-Day <input type="checkbox"/> Military <input type="checkbox"/> DPO <input type="checkbox"/>	
Date Accepted (MM/DD/YY)	
5/12/22	
Time Accepted	
9:42	
Special Handling/Fragile	
\$	
Weight	
Flat Rate lbs. <u>2.2</u> oz. Acceptor Employee Initials <u>ML</u>	
DELIVERY/POSTAL SERVICE USE ONLY	
Delivery Attempt (MM/DD/YY) Time	
<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY) Time	
<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY) Time	
<input type="checkbox"/> AM <input type="checkbox"/> PM	

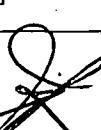


UNITED STATES

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.

	Date of Receipt
<input type="checkbox"/> Hand Delivered	
<input type="checkbox"/> Postmarked	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 05-12-22
<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
	05-13-22
PREPARER (3/2015)	DATE PREPARED