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| STATEMENT OF |
|--------------|
| ORGANIZATION |

| FEC FORM 1 | STATEMENT ORGANIZAT | - | Office U | PAGE 1 / 4 |
|---|---|---|-------------------------|----------------------------|
| 1. NAME OF COMMITTEE (in full) | | xample:If typing, type /er the lines. | 12FE4M5 | |
| Mark Harris for | Congress | | | |
| | | | | |
| ADDRESS (number and stre | PO Box 1350 | | | |
| (Check if addresis changed) | 3S | | | |
| | Norwood CITY ▲ | | NC 28128 STATE ▲ | |
| COMMITTEE'S E-MAIL AI | DDRESS | | | |
| (Check if addresing is changed) | ss jinkelley@yahoo.com | | | |
| 5, | Optional Second E-Mail Address | | | |
| COMMITTEE'S WEB PAG (Check if address is changed) | | | | |
| 2. DATE 04 | D D / Y Y Y Y 11 2024 | | | |
| 3. FEC IDENTIFICATIO | NNUMBER ► C C00850 | 404 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | X AMENDED (A) | | |
| I certify that I have exami | ned this Statement and to the best of m | y knowledge and belief it i | s true, correct and com | plete. |
| Type or Print Name of Tre | asurer Kelley, Jinger, , , | | | |
| Signature of Treasurer | Kelley, Jinger, , , | | | 2 / Y Y Y Y 2024 |
| NOTE: Submission of false, | erroneous, or incomplete information may s ANY CHANGE IN INFORMATION | | | ties of 52 U.S.C. §30109 |
| Office Use Only | | For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | n FEV | C FORM 1 vised 06/2012) |

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Harris, Mark, E, , Candidate State NC Candidate Office REP House Senate President Party Affiliation Sought: District 08 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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.)

| | 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). |

This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(g)

(i) 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.
 (j) 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.
 (j) Committees Participating in Joint Fundraiser
 1. Committees Participating in Joint Fundraiser
 2. Committee Committees

| | FEC Form 1 (Revised (| 02/2009) | | | | | | | | | | | | | | | | | | | | | Paç | ge 🕯 | 3 | | |
|----|------------------------------|------------------|---------|-----|-------|-------|------|-----|------|------|-----|----|-----|-----|------|-----|----|------|-----|------|------|----|-----|------|----|-----|--|
| ۷ | Vrite or Type Committee Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mark Harris for (| Congress | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Name of Any Connected O | rganization, Aff | iliated | Com | mitte | ee, J | Join | t F | undı | rais | ing | Re | ore | sen | tati | ve, | or | ' Lo | ead | lers | ship | ρΡ | AC | Sp | on | sor | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | PO Box 1350 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Norwood | | | | | | | | | | | | τN | С | | | . 2 | 812 | 28 | | | | | | | |

| | CITY 🔺 | STATE A | ZIP CODE |
|--------------------------------------|---------------------------|----------------------------------|------------------------|
| Relationship: Connected Organization | X Affiliated Organization | Joint Fundraising Representative | Leadership PAC Sponsor |

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7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Kelley, Jin | nger, , , | |
|---------------------|--|------|
| Full Name | | |
| Mailing Address | 236 Summerhouse Point | |
| | | |
| | Norwood NC 28128 | - |
| | CITY ▲ STATE ▲ ZIP CO | DE 🔺 |
| Title or Position ▼ | | |
| Treasurer | Image: Image in the second | 2774 |

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 | Kelley, Jinger, , , |
|---------------------------|---|
| Mailing Address | 236 Summerhouse Point |
| | |
| | Norwood NC 28128 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | 7 |
| Treasurer | Image: |

| FEC Form 1 | (Revised 02/2009) Page 4 | • |
|-------------------------------------|---------------------------------|---|
| Full Name of Designated Agent | Lyerly, Robert, , , Jr | |
| Mailing Address | 7900 Stevens Mill Rd | |
| | | |
| | Matthews NC 28104 | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | |
| Title or Position | 7 | |
| Assist 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.

| Fi | rst Citizens Bank | |
|--------------------|-----------------------------------|----------------|
| Mailing Address | 111 E Jefferson St, | |
| | | |
| | | |
| | CITY ▲ STATE | E▲ ZIP CODE ▲ |
| Name of Bank, Depo | sitory, etc. ist Citizens Bank | |
| Mailing Address | 352 N 1st St | |
| | | |
| | | |
| | CITY ▲ STATE | E ▲ ZIP CODE ▲ |