## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Cynthia Wallace for Congress PO Box 79096 ADDRESS (number and street) (Check if address is changed) Charlotte 28271 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sue@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address info@cynthiawallaceforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.cynthiawallace.com (Check if address is changed) DATE 09 2020 C00731919 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. Jackson, Sue, , , Type or Print Name of Treasurer Jackson, Sue,,, [Electronically Filed] 09 2020 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 Only

Local 202-694-1100

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		OMMITTEE • 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. (Cominformation below.)	plete the candidate			
Name Cand		Wallace, Cynthia, , ,				
Candi Party	idate Affiliati	on DEM Office Sought: X House Senate President	State NC District 09			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi						
Part	y Con	nmittee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Polit	ical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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	raising Representative:				
(g)		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			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Name	e	
Cynthia Wallac	e for Congress	
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
LONG LEAF PINE WO	DMEN'S PAC  514 DANIELS STREET  NUM 286  RALEIGH  CITY  STATE  d Organization  Affiliated Committee	27605  ZIP CODE  Leadership PAC Sponsor
. Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the pe	erson in possession of committee
Jackson, S Full Name  Mailing Address	Sue, , , , , , , , , , , , , , , , , , ,	27605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	19
3. <b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Jackson, Soft Treasurer  Mailing Address	Sue, , , ,	
Title or Position , Treasurer	Raleigh NC STATE	ZIP CODE  19 592 9826
	Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
safety deposit bo	oxes or maintains funds.	
Name of Bank, I	Bank of America	
Name of Bank, I	Bank of America	
	Bank of America	
	Bank of America  321 Oberlin Rd	ZIP CODE
	Bank of America  321 Oberlin Rd  Raleigh  CITY  STATE	
Mailing Address	Bank of America  321 Oberlin Rd  Raleigh  CITY  STATE	ZIP CODE
Mailing Address	Bank of America  321 Oberlin Rd  Raleigh  CITY  STATE  Depository, etc.	ZIP CODE
Mailing Address  Name of Bank, I	Bank of America  321 Oberlin Rd  Raleigh  CITY  STATE  Depository, etc.	ZIP CODE
Mailing Address  Name of Bank, I	Bank of America  321 Oberlin Rd  Raleigh  CITY  STATE  Depository, etc.	ZIP CODE

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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- ( )	<i>(</i> )	<b>5</b>		_
ō(g)	or(h). <b>Joint Fundraisin</b>	g Participant:	FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Mailing Address	514 DANIELS ST, #286		
		RALEIGH	NC NC	27605
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A