FEC

STATEMENT OF

FORM 1			C	RGAN	IIZA	NTIO	N									
1 OI IIW	١.			(See ins	truction	ıs)						Offi	ice use on	ly		
1. NAME OF COMMITTE	E (in f	ull)		(Check if nar is changed)	ne		nple: If ty the lines	pying, ty	/pe	12FI	=4M5	5				
Harold Jo	hnso	n for Co	ngress		ســــــــــــــــــــــــــــــــــــــ				Ш			11		ш		
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ADDRESS (numb	er and s	treet)	PO E	Box 97275	ш	ш		ш	ш		1 1		11	ш		ш
(Check if a	ddress				للل			11	ш			11	1 1	ш		ш
X is changed	1)		Rale	igh	ш				Ш	NC		Ш	2762	24 _ [
						CITY				STATE	•		ZII	P CODE	.	
COMMITTEE'S	E-MAII	L ADDRES	S (Please	e provide only	one e-n	nail addr	ess)									
(Check if a			Haro	ldJohnson	ForCo	ngres	s@cmc	o.me	ш					ш		Ш
is changed)					ш		111				1 1	11	11	ш		
COMMITTEE'S	WEB F	PAGE ADD														
	(Check if address		www L l l	v.voteharol	djohns LLL	son.co	m 		ш					ш		
is changed)																
2. DATE	м м 1 2	/ D	D / Y	[°] 2 0 0 9 °												
3. FEC IDENT	IFICA	TION NUM	BER		(Coc	472001	ı		1						
4 10 71110 07		-N.T.	NEW		20	X		-	(1)							
4. IS THIS ST	AIEM	ENI	NEV	V (N)	OR	^	AM	ENDED	(A)							
I certify that I have	examir	ned this Stat	ement and	to the best of	ny knov	vledge ar	d belief it	is true, c	orrect an	d comple	ete					
Type or Print Nar	me of 7	Γreasurer	I	Mr. Collin N	1cMic	hael										
Signature of Trea	asurer	Electron	nically File	ed by Mr.C	Collin	McMic	hael		_	Date	0	4 /	D D	3 / Y	Ý 2 () 1 1
NOTE: Submissio	n of fals	se, erroneou	ıs, or incor	nplete informat	ion may	subject t	ne person	signing	this State	ement to	the pe	nalties (of 2 U.S.	C. §437	g.	
			ANY CHA	NGE IN INFO	RMAT	ION SH	OULD BE	REPO	RTED \	VITHIN	10 DA	AYS				
Office Use Only							For furth Federal E Toll Free	Election (Commiss				FEC (Revis	FOR		

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5.		COMMITTEE (Check One) 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 the candidate information below.)											
	Name of Candidate Mr. Harold Nelson Johnson												
	Candidate Party Affilia	tion REP Office X House Senate President	State NC District 08										
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.												
	Name of Candidate												
	Party Com												
	(d)	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.										
	Political Action Committee (PAC):												
	(e)												
		Corporation Corporation w/o Capital Stock Lat	oor Organization										
		Membership Organization Trade Association Co	operative										
		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 committee. (i.e., nonconnected committee)	I 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 Fundr	aising 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.											
	Cor	nmittees Participating in Joint Fundraiser											
		1. FEC ID number											
		2. FEC ID number											
		3 FEC ID number C											
		. EEC ID number C											

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W	rite or Type Committee Name									
	Harold Johnson for Cor	ngress								
6.	Name of Any Connected Org	ganization, Affiliated Committee,	Joint Fundraising Represen	ntative, or Leade	rship PAC Sponsor					
	NONE									
	Mailing Address									
		CITY		STATE A	ZIP CODE					
	Relationship:	_								
	Connected Organization	Affiliated Committee	Joint Fundraising Repr	resentative	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 Mr. Collin McMichael Full Name									
	Mailing Address	PO Box 97275								
		Raleigh		NC _	27624					
	Title or Position ▼ Treasurer	CITY A	Telephone num	STATE A	ZIP CODE A - 324 - 6606					
8.		and address (phone number - designated agent (e.g., assis		r of the commit	tee; and the					
	Full Name of Treasurer Mr. Co	Ilin McMichael								
	Mailing Address	PO Box 97275								
		Raleigh		NC _	27624					
	Title or Position ♥	CITY A		STATE	ZIP CODE A					
	Treasurer		_ Telephone num	919	_ 324 _ 6606					
			. 5.5p 5.1011							

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	Full Name of Designated Agent	_				
	Mailing Address	; -				
	Title or Position ▼			CITY A	STATE A	ZIP CODE A
				Tele	ohone number	
9.	Banks or Other I safety deposit box Name of Bank, De	es or maintai	ins funds.	ther depositories in which the o	committee deposits funds, hol	ds accounts, rents
	Mailing Address		5145 Poplar Te	nt Road		
			Concord		NC NC	28027
				CITY 🛕	STATE. △	ZIP CODE 🛕
	Name of Bank, De	epository, etc				
	Mailing Address					
				CITY 🛆	STATE △	ZIP CODE 🛕