**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Chuck Edwards for Congress 337 North Main Street ADDRESS (number and street) (Check if address is changed) Hendersonville 28792 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address chuck@chuckedwardsnc.com is changed) Optional Second E-Mail Address tjdavis62@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.chuckedwardsforcongress.com (Check if address is changed) DATE 2024 C00796433 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Davis, Thomas, , 11 22 2024 Signature of Treasurer Davis, Thomas, , , Date 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)	
-	PE OF COMMITTEE:	
(	andidate Committee:	
(	This committee is a principal campaign committee. (Complete the candidate information below.)	
(	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name of Candidate Edwards, Charles, , ,	_
	Party Affiliation REP Sought: X House Senate President	NC 11
(	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
<b>I</b>	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party	
ı	elitical Action Committee (PAC):	
(	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	s a:
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(	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.)	
(	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
-	int Fundraising Representative:	
(	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.	
(	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 C	
	2	

<u> </u>	FEC Form 1 (Revised 0)	2/2009)			Page <b>3</b>
٧	Vrite or Type Committee Name Chuck Edwards	for Congress			
6.		ganization, Affiliated Committee, Joint Fundrais	sing Representat	ive, or Leaders	ship PAC Sponsor
	Mailing Address	PO BOX 97275			
		RALEIGH	NC NC	27624	
		CITY ▲	STATE	_	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint	Fundraising Repres	sentative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and	d position of the pe	erson in possess	sion of committee
	Davis, Thor				
	Mailing Address	337 North Main Street			
		Hendersonville	NC NC		
		CITY ▲	STATE	<b>.</b>	ZIP CODE ▲
	Title or Position ▼    Treasurer	Telep	phone number	828	785 4177
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasussistant treasurer).	urer of the commi	ittee; and the na	ame and address of
	Full Name Davis, Thor of Treasurer	nas,,,			
	Mailing Address	337 North Main Street			
		Hendersonville	NC NC	28792	
		CITY A	STATE	. ▲	ZIP CODE ▲
	Title or Position ▼			000	705 4477
	Treasurer	Telep	phone number	828	785   4177

FEC Form 1 (I	Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent  Mailing Address	Burns, Chris, , ,  337 North Main Street  Hendersonville	NC 287	792
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasurer		lephone number 828	_
	epositories: List all banks or other depositories in which s or maintains funds.	the committee deposits funds, I	nolds accounts, rents
Name of Bank, Dep	pository, etc.		
Mailing Address	First Citizens Bank  539 North Main Street		
	Hendersonville	NC 287	92
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Dep	pository, etc.		
٦	Γruist Bank		
Mailing Address	9111 Litchford Road		
	Raleigh	NC 276	15
	CITY ▲	STATE ▲	ZIP CODE ▲

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

Page \_\_\_ **of** 9\_\_\_

1.		p Participant:				
				FEC II	) number	С
2				FEC II	) number	С
3.				FEC II	) number	C
4.	1 1 1 1 1 1			FEC II	) number	С
				_		
	Any Connected ( ARDS, CHUCK		ed Committee, Joint	Fundraising Rep	presentative	e, or Leadership PAC Spons
Mai	iling Address	337 NORTH MAIN	ST			
		HENDERSONVILLI	E 		NC	28792
Rela	ationship:		CITY ▲		STATE ▲	ZIP CODE ▲
Full N	lame					
Mailin	ng Address					
Mailin	ng Address					
Mailin	ng Address					
	ng Address  E OR POSITION		CITY A		STATE A	ZIP CODE A

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

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h). <b>Joint Fundraisi</b>	1	FEC ID number	С
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
CHUCK EDWARDS	LEADERSHIP COMMITTEE		
Mailing Address	337 NORTH MAIN ST		
	HENDERSONVILLE	NC NC	28792
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Affiliated Committee X Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Truist	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which raintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Truist	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which raintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which paintains funds.  Bank	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which paintains funds.  Bank	STATE A	ZIP CODE A

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

Page \_\_\_ **of** 9\_\_\_

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected , PROTECT THE HO	I Organization, Affiliated Committee, Joint Fund USE 2024	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		at Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or m	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   CITY   Pries: List all banks or other depositories in which anintains funds.  Fargo Bank	STATE A	ZIP CODE A

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

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Page	of <sup>9</sup>	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	I Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Spon
BLUE RIDGE VICTO	DRY FUND		
Mailing Address	337 NORTH MAIN STREET		
Walling / Idaloss			
	HENDERSONVILLE	ı NC ı	28792
Relationship:	CITY A	STATE A	ZIP CODE A
riciationship.	CITT	SIAIE	ZIF CODE A
	Affiliated Committee X Jofy by name, address (phone number – optional)	oint Fundraising Representa	tive Leadership PAC Sp
		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A

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

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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Jame of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representative	e or Leadership PAC Spons
AMERICAN BATTLE			, , , , , , , , , , , , , , , , , , ,
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Pesignated Agent: Identi	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Pesignated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Pesignated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Pesignated Agent: Identi  Full Name	Affiliated Committee X Joint J	nt Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee X Joint J		
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
Connected Resignated Agent: Identification of Position	Affiliated Committee X Joint J	STATE A  Telephone Number	ZIP CODE A