FEC FORM 1	STATEMEI ORGANIZ		PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
	Elect Ryan Maybe	r ry 	
ADDRESS (number and street)			
 (Check if address is changed) 	taylorsville CITY▲		NC 28681 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDF	RESS		
 (Check if address is changed) 	ryanmayberryforcongress@	gmail.com	
	Optional Second E-Mail Ad	dress	
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)		
2. DATE 12	18 / Y Y Y Y 2023		
3. FEC IDENTIFICATION I	NUMBER ► C C	00863464	
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A))
I certify that I have examined Type or Print Name of Treasu		of my knowledge and belie	of it is true, correct and complete.
Signature of Treasurer tay	lor, Donald, , ,		Date 12 21 2023
NOTE: Submission of false, erro		may subject the person signir TION SHOULD BE REPORTE	ng this Statement to the penalties of 52 U.S.C. §3010
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	n contact: FEC FORM 1

12/21/2023 20 : 28

-	
EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Mayberry, ryan, , , Candidate	
Candidate Party Affiliation REP Office Sought: X House Senate President	State NC District 05
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate Party Committee: (d) This committee is a	
(d) a mis committee is a committee of the Republica	an, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	r Organization
Membership Organization Trade Association Coop	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
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).

Joint Fundraising Representative:

(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

 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committees Participating in Joint Fundraiser
 (j) Committee C

FEC Form 1	(Revised	02/2009))
------------	----------	----------	---

Write or Type Committee Name

The Committee to Elect Ryan Mayberry

6.	Name of Any Connected C	Organization, A	ffiliated	Committee,	Joint Fundraising	g Representative, or	Leadership PAC Sponsor
	Mailing Address						
				CITY 🔺		STATE 🔺	ZIP CODE
	Relationship: Connected	Organization	Affiliat	ted Organizat	tion Joint Fur	draising Representativ	e Leadership PAC Sponso

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

tay	lor, Donald, , ,			
Full Name				
Mailing Address	526 twins cove rd			
	taylorsville			28681
		CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼				
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	taylor, Donald, , ,
of Treasurer	
Mailing Address	526 twins cove rd
	taylorsville NC 28681
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	1
treasurer	Image:

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	taylor, Marie, , ,	
Mailing Address	526 twins cove rd	
	taylorsville NC 28681	
Title or Position	7 7	
	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.

first Citiz	zens		
Mailing Address	239 fayetteville Street		
	Raleigh	NC 27601	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲