

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

LINDA BARNES CONGRESSIONAL EXPLORATORY
COMMITTEE

ADDRESS (number and street)

3433 DOYLE RD

(Check if address
is changed)

RALEIGH

NC 27607

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LBEC6@lindabarnesfcongress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

lindabarnesfcongress.org

COMMITTEE'S FAX NUMBER

334-376-1233

2. DATE

06 05 2007

3. FEC IDENTIFICATION NUMBER ▶

C

4. 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.

Type or Print Name of Treasurer

Christian E. Stalberg

Signature of Treasurer

Chris E. Stalberg

Date

06 05 2007

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
Use
OnlyFor further information contact:
Federal Election Commission
Tel: First 800-424-9530
Local 202-484-1100FEC FORM 1
(Revised 02/2003)

FEDM042.PDF

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FEC Form 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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. (Complete the candidate information below.)

Name of Candidate

Linda Schwarts Barnes

Candidate Party Affiliation

DEM

Office Sought

☒ House☐ Senate☐ President

State

NC

District

13

- (c) ☒ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Linda Schwarts Barnes

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

- (e) ☐ This committee is a separate segregated fund.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

8. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation☐ Corporation with Capital Stock☐ Labor Organization☐ Membership Organization☐ Trade Association☐ Cooperative

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REC Form 1 (Revised 02/2003)

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Write or Type Committee Name

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 DAVID SOKAL
Mailing Address 5601 PUGHAM RD
DURHAM NC 27713
Title or Position SECRETARY CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number 919-277-1131

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 CHRISTIAN STALBERG
Mailing Address P.O. BOX 13014
R.T.P. NC 27709-13014
Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number 919-801-0739

Full Name of Designated Agent
Mailing Address
Title or Position CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number

REC Form 1

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8. 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.

B.S. CENTURA BANK

Mailing Address

2414 WYCLIFFE RD

RALEIGH

NC

27607

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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**Federal Election Commission
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FOR INCOMING DOCUMENTS**

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