

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Carla Cunningham for Congress Campaign Committee

ADDRESS (number and street) 1400 Sansberry Road

(Check if address is changed)

Charlotte

CITY ▲

NC

STATE ▲

28262

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

carla@votecarlacunninghamforcongress.com

Optional Second E-Mail Address

carlacunningham2012@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

votecarlacunninghamforcongress.com

2. DATE

MM / DD / YYYY  
03 / 30 / 2016

3. FEC IDENTIFICATION NUMBER ▶

C C00613372

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 Ms. Anglea Blackmon

Signature of Treasurer

Ms. Anglea Blackmon

[Electronically Filed]

Date

MM / DD / YYYY  
03 / 30 / 2016

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 Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

Name of Candidate Ms. Carla Dellette Cunningham

Candidate Party Affiliation  DEM  REP  IND  OTH

Office Sought:  House  Senate  President

State  AL  AK  AZ  CA  CO  CT  DC  DE  FL  GA  HI  IA  IL  IN  KS  KY  LA  MA  MD  ME  MI  MN  MO  MS  MT  NC  ND  NH  NJ  NM  NV  NY  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VT  WA  WI  WY

District  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15

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

Name of Candidate \_\_\_\_\_

**Party Committee:**

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

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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.)

**Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# Carla Cunningham for Congress Campaign Committee

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  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 Ms. Anglea Blackmon

Mailing Address 6300 Sunstone Drive

Charlotte NC 28269

Title or Position CITY STATE ZIP CODE

Accountant Telephone number 704 597 1605

**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 Ms. Anglea Blackmon

Mailing Address 6300 Sunstone Drive

Charlotte NC 28269

Title or Position CITY STATE ZIP CODE

Accountant Telephone number 704 597 1605

Full Name of Designated Agent

Ms. Roseanna Cureton Jones

Mailing Address

5401 Poplar Springs Drive

Charlotte

NC

28269

CITY

STATE

ZIP CODE

Title or Position Accountant

Telephone number

704

596

6492

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.

Fifth and Third Bank

Mailing Address

5330 Sunset Road

Charlotte

NC

28269

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE