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FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1		Ond	M1116/				201	ו טבנ צו	Am 9: 32
1. NAME OF		(Check i	f name	Examp	le:If typing, type	1277		Fige byly II	CENTER
COMMITTEE (in	full)	is chang			e lines.	12FE	4M5		
Patsy Kee	ver for	Congres	S	1.1.1					
	لللل	للسليليا	1111	لللا		للللا			
ADDRESS (number a	nd street)	17 Brad	dock W	/ay					لبب
(Check if an is changed)		Asheville	9			NC.	28	803	
			CI	ΙΤΥ		STATE		ZIP CODI	E
COMMITTEE'S E-MA	AL ADDRES	· •	•		•				
(Check if	address	pjkeeve	r33@b	ellsc	outh.net			1111	لبيب
is changed					1.1.1.1.				
COMMITTEE'S WEB	PAGE ADD	RESS (URL)							
(Check if	address					<u> </u>			
is changed)	d)	لللللل							لسل
2. DATE 12	." 12°	´ 2011	Y						
3. FEC IDENTIFIC	CATION NUI	MBER	С		:				
4. IS THIS STATE	MENT 🔀	NEW (N)	OR		AMENDED (A)				
I certify that I have e	examined this	Statement and	to the best o	f my kno	wledge and belie	f it is true, c	orrect and o	complete.	
Type or Print Name	of Treasurer	Charles	C Ca	mpb	ell				
Signature of Treasure	er	M/	M	/		Date	12 [™] ′	12°′ž	.011 °
NOTE: Submission of			/	-	t the person signin	-	-	enalties of 2 U	.S.C. §437g.
Office Use Only				Fe To	or further information deral Election Comm II Free 800-424-9530	ission		EC FORM (Revised 02/20	

	FEC For	m 1 (Revised 02/2009)	Page 2					
j.	TYPE OF C	OMMITTEE						
	Candidate	didate Committee:						
	(a) X	This committee is a principal campaign committee. (Complete the candidate information below	ı.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate					
	Name of Candidate	Patsy Keever Patricia R. Kee	1914					
	Candidate Party Affiliation	on dem Office Nouse Senate President	State					
	Tury Turnization	Todas Control Control	District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate							
	Party Com	mittee:						
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
	Political A	ction Committee (PAC):	•					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:					
	· ·	Corporation Corporation w/o Capital Stock	Labor Organization					
			•					
		Membership Organization Trade Association In addition, this committee is a Lobbyist/Registraot PAC.	Cooperative					
	(f) [This committee supports/opposes more than one Federal candidate, and is NOT a separate s	segregated fund or party					
	Ц	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 Fund	raising Representative:						
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a fodoral candidate	two or more political					
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political					
	Comr	nittees Participating in Joint Fundraiser						
	1.							
	2.							
	3.	FEC ID number C						
	4.							

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FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
•	
Patsy Keever for Congress	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Lea	adership PAC Sponsor
1. P.O. B. 1504B. 111111111111111111111111111111111111	
Mailing Address	
Asheville 1111 NG 2	8843
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person i books and records. 	in possession of committee
Full Name Charles C Campbell, Treasymen	
Mailing Address Address Ballard Creek Rd	
Suite B	
Fairview NC 28	87309578
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number 828	-[712, -[2753,]
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer). 	ne name and address of
Full Name Charles C Campbell of Treasurer	
Mailing Address 74 148 Ballard Creek Rd	
Suite B	
Fairview NC 28	3730 9578
Title or Position	_[712,

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Full Name of Designated						
Agent						
Mailing Address						
	CITY	STATE	ZIP CODE			
Title or Position						
		Telephone number				
 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. 						
lΗ	ome Trust Bank					
Mailing Address	1825 Hendersonville rd					
	Asheville	NÇ NÇ	[28803]			
	CITY	STATE	ZIP CODE			
Name of Bank, Depo	esitory, etc.					
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<u> </u>	1					
Mailing Address						
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(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify): **DATE PREPARED**