						ND DELIVE			
FEC		STATEM				EDERAL EFLOTION COMMISSION UBLIC DISCLOSURE DIVISION			
FORM 1		UNGAN	ZAIIC		2012	JAN -3 AM II: 40			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M5				
Elisabeth N	A otsinge	r for Cong	ress						
ADDRESS (number a	nd street)	. O. Box 2	5121						
(Check if and is changed)		/inston-Sa	em			27114 _{J-1} 5121			
			CITY		STATE	ZIP CODE			
COMMITTEE'S E-MA	address d)								
(Check if is change	address								
2. DATE Ö1	* ′ 1 ° ′	2012 č							
3. FEC IDENTIFIC	Cation Numbe	R C							
4. IS THIS STATE	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 John K. Motsinger, Sr.									
Signature of Treasurer									
NOTE: Submission of false, erroneous, or incomplete 1nformation 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 co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)			

!

	F	EC Fo	rm 1 (Revised 02/2009)	Page 2					
5.	TYPE	OF C	OMMITTEE						
	Can	didate	Committee:						
	(a)	\mathbf{X}	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. (Con information below.)	plete the candidate					
	Name Candi								
	Candi Party	idate Affiliati	on Office Sought: House Senate President	State					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Canelidate								
	Part	y Con	nmittee:						
	(d)		(National, State This committee is a 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 co	nnected organization is a:					
			Corporation Corporation w/o Capital Stock	Labor Organization					
			Membership Organization	Cooperative					
			In addition, this committee is a Lobbyist/Registrant PAC.						
	(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate s	egregated 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	t Fund	Iraising Representative:						
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which io an authorized committee of a fedoral candidate.						
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political					
		Com	mittees Bartisiagting in Joint Fundraison						
		Com	mittees Participeting in Joint Fundraiser						
		1.	FEC ID number C						
		2 .	FEC ID number C						
		3.	FEC ID number						
		4.	FEC ID number C						

.

. .

- -----

ï

i

Write or Type Committee Name

Elisabeth Motsinger for Congress

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

I																		1																		1											
			1	1	1	1					+	1			1		1				1	1	1	1	1	1	1			ł				1	1	1	Ι	I		1	1	1		1			
_	м	ailin		Ad	dre	ess										1		1				1										-				1				1							
			Ū											1														1	1											1							
												L									1													1	J		L				1		-{			L	_ 」
																			(сn	۲Y												ST	AT	E					Z	P	С	DD	Е			
	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	John K. Motsinger, Sr.		- L . L	
Mailing Address	P. O. Box 25121		<u> </u>	
	Winston-Salem			7114 5121
Title or Position	CITY	STA	ΥΈ	ZIP CODE
Legal & C	ompliance Director/Treasur	Telephone number	336	- [830,] - [4729 ,]

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	n K. Motsinger, Sr.		
Mailing Address	P. O. Box 25121		
	Winston-Salem		5121 _{- ا} 5121
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	36,[830,]-[4729 ,

FEC Form 1 (Revised 02/2009)

	-
Page	4

Full Name of Designated Agent	_I Carissa Joines								
Mailing Address	P. O. Box 25121								
	Winston-Salem		271,14 - 512,1						
	CITY	STATE							
Title or Position	urer/Campaign Manager	phone number 33	617576241						
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.									
	Southern Community Bank and Trust								
Mailing Address	P. O.Box 26134								
	Winston-Salem		27114 6134						
	CITY	STATE	ZIP CODE						
Name of Bank, I	Jepository, etc.								
Mailing Address									
	СПҮ	STATE	ZIP CODE						

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.									
Hand Delivered	Date of Receipt								
USPS First Class Mail	Postmarked								
USPS Registered/Certified	Postmarked (R/C)								
USPS Priority Mail	Postmarked								
Delivery Confirmation [™] or Signature Confirmation [™] Label									
USPS Express Mail	Postmarked								
Postmark Illegible									
No Postmark									
Overnight Delivery Service (Specify):	Shipping Date								
Next Busines	s Day Delivery								
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								
Date of Re Other (Specify):	eceipt or Postmarked								
M	1/3/12								
(3/2005)	DATE PREPARED								

:

;

1

a⊶4