## 2016:05:16:08:00074414

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

.2016 MAY 16 AFILE: 26

						Office Use Offiy
NAME OF     COMMITTEE (in full)		Check if name s changed)		mple:If typing, type the lines.	12FE4M	5
HENNING FOR	2 60	n Ge ES	اکر ر			
ADDRESS (number and street)	P101	BioX 12	1282		<u> </u>	
☐ (Check if address is changed)	ــــــ					
		nesitio Tya	DIWN .		N.G STATE ▲	27,28,2 <sub>1</sub> -[2,28,2 <sub>1</sub> ] ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ss ·					
(Check if address is changed)	hain	Khenn	11090	Jagnai	Lucom	
		Second E-Mail	8.	$\mathcal{O}$		1 13 14 26 March 1
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COMMITTEE'S WEB PAGE ADI	DRESS (UI	 RL)		<del>-</del>		
(Check if address is changed)		11.11.1				
2. DATE 0.5	<u>"</u> 2	0.1.6		-fee.		
3. FEC IDENTIFICATION NUMBER ▶ C00.61 330 7						
4. IS THIS STATEMENT	NEW	(N) , <b>OR</b>	X	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 Sharon Wm Montgomery						
Signature of Treasure	A)	Me	m		Date 🖰	5 2016
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only				For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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J	F	EC Fo	m 1 (Revised 02/2009)	Page <b>2</b>
5.			OMMITTEE	<u> </u>
			Committee:	
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i> )
	(b)	L	This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.)	mplete the candidate .
	Name Cand		PAUL HHENNING IV	
	Cand Party	lidate Affiliati	on REP Office Sought: House Senate President	State N.C
			,	District 13
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Part	y Con	mittee:	
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Poli	tical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 scommittee. (i.e., nonconnected committee)	segregated 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.)	
	Join	t Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
		Com	mittees Participating in Joint Fundraiser	
		1.		
		2.		
		3.		
		4.	PEC ID liumber	لحسسسمين

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Write or Type Committee Na		i aye <b>y</b>
Henringt	BO COMPAGE	
6. Name of Any Connecte	DR CONGYESS  d Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
•	, , , , , , , , , , , , , , , , , , , ,	
	<u>                                     </u>	1
Mailing Address		
	CITY	TATE ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Rep	presentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: I books and records.</li> </ol>	dentify by name, address (phone number optional) and position o	of the person in possession of committee
Full Name SH	ARON WYNN MONTGOMERY	
Mailing Address	P.O. BOX 2275	
Walling Address		
	JABAF SITOWALL N	),4 12728,21-1 , , , 1
		19 [4750]4-[1]
Title or Position	CITY STA	ATE ZIP CODE
TREASURE	Telephone number	B361-14541-17.11.85T
8. <b>Treasurer:</b> List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the com., assistant treasurer).	nmittee; and the name and address of
Full Name of Treasurer	FROIN LIVING MONTGOMERY	
Mailing Address	190 BOX 12275	
	JAMESTOWN W	<u>4 [27782-]                                    </u>
Title or Position	CITY STA	TE ZIP CODE  33.6-454-171.65
ı		i

CITY

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ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of

STATES OF THE ST

LYNN MONTGOMERY, CPA PO BOX 2275 JAMESTOWN NC 27282



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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Hand Delivered	
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss 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
Other (Specify):	Receipt or Postmarked
	5/16/16
(3/2015)	DATE PREPARED