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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) CHARLES MALONE FOR CONGRESS 121-205 CALIBRE CHASE DR ADDRESS (number and street) (Check if address is changed) RALEIGH 27609 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS delaneypatricia@ymail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) malone4congress.com (Check if address is changed) DATE 29 2012 C00522029 FEC IDENTIFICATION NUMBER > 3. X 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. CHARLES MALONE Type or Print Name of Treasurer CHARLES MALONE [Electronically Filed] 07 26 2012 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC <b>F</b>	orm 1 (Revised 02/2009)	Page 2					
	TYPE OF COMMITTEE						
Candidate Committee:							
(a) 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. (Complete the candidate information below.)						
Name of CHARLES MALONE Candidate							
Candidate Party Affilia	tion DEM Office Sought: X House Senate President	State NC District 13					
(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 con-	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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.)						
Joint Fun	draising 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 federal candidate.	wo or more political					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political					
Co	Committees Participating in Joint Fundraiser						
		<del> </del>					
1.							
2.	FEC ID number						
3.	FEC ID number C						

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_	FEC Form 1 (Revised 0			Page 3
	Vrite or Type Committee Name		20	
_	CHARLES MAL	ONE FOR CONGRES	55	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint F	undraising Representative, or Leade	rship PAC Sponsor
C	HARLES MALONE F	OR CONGRESS		
L				
	Mailing Address	121-205 CALIBRE CHASE DR		
	3			
		RALEIGH	NC 27609	
		CITY	STATE	ZIP CODE
		OITT	JINIE	ZII CODE
	Relationship: Connected	Organization X Affiliated Committee	Joint Fundraising Representative	eadership PAC Sponsor
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number op	itional) and position of the person in p	ossession of committee
		MAL ONE		
	CHARLES Full Name	WALONE		
	Mailing Address	121-205 CALIBRE CHASE DR		
	3			
		RALEIGH	NC 27609	1 1
	Title or Position	CITY	STATE	ZIP CODE
	Canadate	I	Telephone number	1-1 1
			тыерноне нишьег	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the ssistant treasurer).	treasurer of the committee; and the r	name and address of
	Full Name Patricia An of Treasurer	n Delaney		
	Mailing Address	308 McColl Drive		
		Garner	NC   27529	_  !
		CITY	STATE	ZIP CODE
	Title or Position Treasurer	1	. 919	550   6722
			Telephone number	

FEC <b>For</b>	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>			
Full Name of Designated Agent	CHARLES MALONE				
Mailing Address	121-205 CALIBRE CHASE DR				
	RALEIGH 27609  CITY STATE 2	ZIP CODE			
Title or Position Canadate		96 7091			
safety deposit be	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.  Wells Fargo Bank				
Mailing Address	Cameron Village Branch				
Mailing Address					
	Raleigh NC 27602				
	CITY STATE :	ZIP CODE			
Name of Bank,	Name of Bank, Depository, etc.				
Mailing Address					
Mailing Address					
Mailing Address					

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Patricia Ann Delaney Full Name 308 McColl Drive Mailing Address Garner NC 27529 Title or Position CITY # **STATE** ZIP CODE 919 550 Treasurer Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number