Only

STATEMENT OF

PAGE 1/7

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Cawthorn For NC 638 Spartanburg Hwy, Ste 70 #362 ADDRESS (number and street) (Check if address is changed) Hendersonville 28792 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jinkelley@yahoo.com (Check if address is changed) Optional Second E-Mail Address ∣aրsmayhugh@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://madisoncawthorn.com/ (Check if address is changed) DATE 25 2021 C00732958 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. Kelley, Jinger, L,, Type or Print Name of Treasurer Kelley, Jinger, L,, [Electronically Filed] 01 25 2021 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

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
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. (Cominformation below.)	nplete the candidate
Name of Candidate Cawthorn, David, Madison, ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State NC District 11
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, 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 cor	nnected organization is a:
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 se committee. (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 Fundraising 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.	
(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
Committees Participating in Joint Fundraiser	
1.	
2.	
3. FEC ID number	
4.	

FEC Form 1 (Revise	od 02/2009)	Page 3
Write or Type Committee Na		
Cawthorn For	NC	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
CRUZ 20 FOR 20 VI	ICTORY FUND	
	PO BOX 341027	
Mailing Address		
	AUSTIN	78734
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee	tive Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the pe	erson in possession of committee
	Jinger, L, ,	
Full Name	3103 Julian Glen Cir	
Mailing Address		
	Waxhaw	28173
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	28 776 2774
. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; ., assistant treasurer).	and the name and address of
Full Name Kelley, J	Jinger, L, ,	
Mailing Address	3103 Julian Glen Cir	
	Waxhaw	28173
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	28 776 2774

FEC Forr	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Mayhugh, Sadie, , ,	
Mailing Address	8317 Bourgess Ct	
	Ft Mill	ZIP CODE
Title or Position Assist Treasure	er	163 - 0447
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	accounts, rents
safety deposit bo Name of Bank, I		1
Name of Bank, I	Depository, etc. First Citizens Bank ,9034 Ardrey Kell Rd	
	Depository, etc. First Citizens Bank ,9034 Ardrey Kell Rd	
Name of Bank, I	Depository, etc. First Citizens Bank ,9034 Ardrey Kell Rd	
Name of Bank, I	Pirst Citizens Bank 9034 Ardrey Kell Rd Charlotte NC 28277	ZIP CODE
Name of Bank, I	Pirst Citizens Bank 9034 Ardrey Kell Rd Charlotte CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. First Citizens Bank 9034 Ardrey Kell Rd Charlotte NC 28277 CITY STATE Truist 2200 Wilson Blvd, Ste 100	ZIP CODE
Name of Bank, I	Depository, etc. First Citizens Bank 9034 Ardrey Kell Rd Charlotte NC 28277 CITY STATE Truist 2200 Wilson Blvd, Ste 100	ZIP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: F1A Transaction ID:

This Amended Form 1 is to add the JFC Take Back the House 2022

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

5(a)	or(h). Joint Fundraisin	α Particinant·		
O(9)	1. L	<u> </u>	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID Hullibel	0
6.	Name of Any Connected TAKE BACK THE	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 30844		
		I contract to the contract of		
		BETHESDA	, , , MD ,	20824-0844
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connector		Fundraising Representa	
		, minated Committee	- Tanaraionig Hoproconia	Location Price Openiosi
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
				I I-I I
	TITLE OF POOLTION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	I	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which taintains funds.	the committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or ma		the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Wells	aintains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds. Fargo Bank	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds. Fargo Bank	the committee deposit	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

h). Joint Fundraising	i a diopant.		
1.		FEC ID number	C
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC S
Connected		nt Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Committee Join	nt Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee Join	at Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee Join	at Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee Join by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee Join by name, address (phone number – optional) CITY		
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	Organization Affiliated Committee Join by name, address (phone number – optional) CITY CITY Ges: List all banks or other depositories in which intains funds. Own Valley Bank	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	Organization Affiliated Committee Join by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mai ame of Bank, Middlet epository, etc.	Organization Affiliated Committee Join by name, address (phone number – optional) CITY CITY Ges: List all banks or other depositories in which intains funds. Own Valley Bank	STATE A	ZIP CODE A