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Use

Only

## STATEMENT OF **ORGANIZATION**

2009 SEP 21 AM 11: 53

(Revised 02/2009)

FORM 1 Office Use Only 1. NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Tim D' Amnunizino floir Comigiriess. ADDRESS (number and street) (Check if address is changed) N<sub>1</sub>C CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) linflopt in my ofter kiolin (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) william ti mivicite. Clomi (Check if address is changed) DATE C **FEC IDENTIFICATION NUMBER** OR IS THIS STATEMENT NEW (N) 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 Colleen D'Annunzio Date Signature of Treasurer 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

Toll Free 800-424-9530

Local 202-694-1100

FEC F	orm 1 (Hevised 02/2009	<u>''</u>				Page 2
	COMMITTEE e Committee:					
(a) 🗶	This committee is a	principal campaign c	ommittee. (Complet	e the candidate info	ormation below.)	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	Name of					
Candidate Party Affilia	tion REP	Office Sought:	House	Senate	President	State NC District OB
(c)	This committee supp	oorts/opposes only on	ne candidate, and is	NOT an authorize	d committee.	
Name of Candidate		1 1 1 1 1 1 1	<u> </u>	:		
Party Co	mmittee:	,	(Allekiereni Odenko			<b></b>
(d)	This committee is a		(National, State or subordinate) con	mittee of the		(Democratic, Republican, etc.) Party.
Political /	Action Committee (	(PAC):				
(e)	This committee is a	separate segregated	fund. (Identify conn	ected organization of	on line 6.) Its cor	nnected organization is a:
	Corporation		Corporati	on w/o Capital Stoc	k	Labor Organization
	Membership	Organization	Trade As	sociation		Cooperative
	In ad	dition, this committee	is a Lobbyist/Regis	rant PAC.		
<b>(f)</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, th	nis committee is a Lea	dership PAC. (Iden	ify sponsor on line 6	3.)	
Joint Fun	draising Represen	tative:		•		
(g)	This committee collections committees/organization					
				se and diebureae na	t munana da fau tu	vo or more political
(h)	This committee collection committees/organizate					wo or more political
	committees/organizat	ions, none of which is	an authorized com			vo or more political
		ions, none of which is	an authorized com		andidate.	vo or more political
Cor	committees/organizat	ions, none of which is	an authorized com	mittee of a federal ca	andidate.	vo or more political
Cor	committees/organizat	ions, none of which is	an authorized com	nittee of a federal ca	andidate.  hber C	vo or more political
Cor 1. 2.	committees/organizat	ions, none of which is	an authorized com	FEC ID num	andidate.  The C  The C  The C	vo or more political

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Write or Type Committee Nam	8	
Tim D'Ann	unzio for Congress	
	Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
<u>;                                    </u>		<u> </u>
Mailing Address		
	CITY S	TATE ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Re	presentative Leadership PAC Sponso
Custodian of Records: Ide	ntify by name, address (phone number optional) and position	of the person in possession of committee
Full Name	Jeen D'Anniunzio	
Mailing Address	1110 North Fulton Stre	
·	<u> </u>	<u> </u>
	Raeford	NC 28376-2856
Title or Position	CITY ST	TATE ZIP CODE
Tirierasivirier	Telephone number	·
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the colassistant treasurer).	mmittee; and the name and address of
Full Name of Treasurer	I LEEN D'Annunzio	
Mailing Address	1110 North Fullton Stre	21et: 1 1 : : · 1 ! ! ! !
		N.C   28376 - 2856
Title or Position	Telephone number	

CITY

STATE

ZIP CODE

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Mailing Address

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## **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