Image# 201904019145973474				04/01/2019 09 . 16
FEC FORM 1	STATEME ORGANIZ			PAGE 1 / 4 ——
			Off	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Angela Flynn fo	r Congress			
ADDRESS (number and street)	258 Canopy			
(Check if address is changed)				
(c.c			NC 273	2
	CITY A		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADDF				
(Check if address is changed)	angelaflynnforcongres	s@gmail.com		
2 /	Optional Second E-Mail Ad angela.darrow.flynn	dress Øgmail.com		
		e ginali ogni		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 04	01 / Y Y Y Y 2019			
3. FEC IDENTIFICATION	NUMBER ► C c	:00700740		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of Treasu	Irer Ross, Susan, , Ms, Esq			
Signature of Treasurer	ss, Susan, , Ms, Esq	[Electronically Filed]	Date 04	01 / Y Y Y Y 2019
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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	F	EC For	m 1 (Revised 02/2009)	Page 2
5.			OMMITTEE	
	Cano	didate	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. (Comp information below.)	lete the candidate
	Name Candi		Flynn, Angela, Darrow, Ms,	
	Candi Party	date Affiliatio	on DEM Office Sought: X House Senate President	State NC District 06
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	y Com	imittee:	
	(d)			Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
		Com	nittees Participating in Joint Fundraiser	
		1.	FEC ID number	
		2.	FEC ID number	
		3.	FEC ID number	
		4.	FEC ID number	

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Write or Type Committee Name

Angela Flynn for Congress

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

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	ntify by name, address (phone number	optional) and position of the perso	n in possession of committee
Ross, Su Full Name	san, , Ms, Esq		
Mailing Address	3913 Madison Ave		
	Greensboro		27410
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	- 685 - 5748

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	Ross, Susan, , Ms, Esq
Mailing Address	3913 Madison Ave
	Greensboro
	CITY STATE ZIP CODE
Title or Position	Telephone number 919 685 5748

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Full Name of Designated Agent				1							1		1															_
Mailing Address																												
								1	1	1	1	1	1					1										
					(CIT	Y									S	TA	ΤE					ZI	PC	OD	Ε		
Title or Position																												
											Т	ele	oho	ne	nu	mb	er											

9. 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.

	Pinnacle Financial Partners		
Mailing Address	5925 Farrington Rd		
	Chapel Hill	NC 2751	7
	CITY	STATE	ZIP CODE
Name of Bank, De	epository, etc.		
l			
Mailing Address			
	CITY	STATE	ZIP CODE