FEC

STATEMENT OF

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FORM 1		U	KGAN	IIZAII	ON											
1. NAME OF COMMITTEE (ir	n full)		Check if names changed)		ample:If t		ре	12	FE4	łм5	Office	Use C	nly			_
11TH CON	GRES	SION	AL DIS	TRICT	REP	UBL	ICA	N	ΡΑΙ	RT	Y	1 1	ı	1 1	l l	l
]
ADDRESS (number a	nd street)	PO Box 4	74													
(Check if a is changed																
		Horse Sh	noe TY ▲					STA	C ATE A	L	28742		- 'IP C(DDE A		
COMMITTEE'S E-MA	AIL ADDRES	SS														
(Check if a is changed		kathype	enland1079	9@gmail.c	om L			ı								
			Second E-M enland10		il.com											
COMMITTEE'S WEB (Check if a is changed	address	,	RL) gop11.org/ 													
2. DATE 0	5 03		Y Y Y Y 2021													
3. FEC IDENTIFIC	CATION NU	JMBER ▶		C00165	142											
4. IS THIS STATEM	MENT	NEW	(N) C	OR .	x AM	ENDED	(A)									
certify that I have e	examined th	is Stateme	nt and to the	e best of my	knowledg	je and be	elief it	is tru	e, cor	rect a	and co	omplet	e.			_
Type or Print Name	of Treasurer	Penland,	, Katharine, L,	•												_
Signature of Treasure	er <i>Penlar</i> ——	nd, Katharine	e, L, ,		[Electron	ically File	ed] 	Date		M M 05	/	05	′ [y y 202]
NOTE: Submission of			omplete inforn								he pe	nalties	of 2	U.S.C.	§437g	
Office Use						ner informa					F	EC I	-OR	M 1		_

Į.	Office		For further information contact:
.	Use		Federal Election Commission
			Toll Free 800-424-9530
	Only		Local 202-694-1100

	C. Farm 1 (Parison 00/0000)	Dogo 2
	C Form 1 (Revised 02/2009) OF COMMITTEE	Page 2
	idate 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. (Cor information below.)	nplete the candidate
Name of Candida		
Candida Party A	ate Office Sought: House Senate President	State NC District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candida		
Party	Committee:	(Domocratic
(d)	This committee is a SUB (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party.
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 s 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 F	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Committees Participating in Joint Fundraiser	
	1.	
	2. FEC ID number	
	3.	
	4.	

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Write or Type Committee Na	ame		
11TH CONGR	RESSIONAL DISTRIC	CT REPUBLICA	AN PARTY
6. Name of Any Connecte	ed Organization, Affiliated Committee, Jo	oint Fundraising Representa	tive, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STAT	E ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee	Joint Fundraising Repres	sentative Leadership PAC Sponsor
7. Custodian of Records: books and records.	ldentify by name, address (phone number	· optional) and position of the	ne person in possession of committee
Penlan Full Name	nd, Katharine, L, ,		
Mailing Address	29 Tall Oaks Rd		
	CANDLER	NC L	28715
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	828 778 5224
8. Treasurer: List the name any designated agent (e.	and address (phone number optional) g., assistant treasurer).	of the treasurer of the commi	ttee; and the name and address of
Full Name Penlan of Treasurer	d, Katharine, L, ,		
Mailing Address	29 Tall Oaks Rd		
	CANDLER	NC NC	28715
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	828 778 5224

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		_
safety deposit boxes Name of Bank, Dep	epositories: List all banks or other depositories in which the committee deposits funds, host or maintains funds. pository, etc.	
safety deposit boxes Name of Bank, Dep	s or maintains funds.	
safety deposit boxes Name of Bank, Dep	ository, etc. Jnited Community Bank	3 , _
safety deposit boxes Name of Bank, Dep	Sor maintains funds. PO Box 1939	ZIP CODE
safety deposit boxes Name of Bank, Dep	Bryson City CITY STATE	
Name of Bank, Dep Mailing Address Name of Bank, Dep	Sor maintains funds. Pository, etc. Jnited Community Bank PO Box 1939 Bryson City CITY STATE Pository, etc. Vells Fargo Bank	
Name of Bank, Dep Mailing Address Name of Bank, Dep	Sor maintains funds. Dository, etc. Jnited Community Bank PO Box 1939 Bryson City CITY STATE Dository, etc.	
Name of Bank, Dep Mailing Address Name of Bank, Dep	Sor maintains funds. Pository, etc. Jnited Community Bank PO Box 1939 Bryson City CITY STATE Pository, etc. Vells Fargo Bank	ZIP CODE