**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Chuck Edwards for Congress 337 North Main Street ADDRESS (number and street) (Check if address is changed) Hendersonville 28792 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address chuck@chuckedwardsnc.com is changed) Optional Second E-Mail Address tjdavis62@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.chuckedwardsforcongress.com (Check if address is changed) DATE 2023 C00796433 FEC IDENTIFICATION NUMBER > 3. X 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 Davis, Thomas, , 11 29 2023 Signature of Treasurer Davis, Thomas, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

EC Form 1 (Revised 03/2022)	Page <b>2</b>
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 information below.)	the candidate
Name of Candidate Edwards, Charles, , ,	
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:	
(d) This committee is a (National, State or subordinate) committee of the Republic	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	ected organization is a:
Corporation Corporation w/o Capital Stock Labor	r Organization
Membership Organization Trade Association Coop	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregory committee. (i.e., nonconnected committee)	ated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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
(j) 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
Committees Participating in Joint Fundraiser	
1 C	

J	FEC Form 1 (Revised	02/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name		
6.	Chuck Edwards  Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
	EDWARDS VICTOR	:Y FUND	
	Mailing Address	PO BOX 97275	
		RALEIGH	27624
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representation	ative Leadership PAC Sponso
<del></del> 7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person	n in possession of committee
	Davis, The	omas, , ,	
	Full Name	337 North Main Street	
	Mailing Address		
		Hendersonville NC	28792
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	828
8.	Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
	Full Name Davis, The of Treasurer	omas, , ,	
	Mailing Address	337 North Main Street	
		Hendersonville NC	28792
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	828

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Full Name of Designated Agent	Burns, Chris, , ,  337 North Main Street  Hendersonville	NC 28792
Title or Position ▼	CITY ▲	STATE ▲ ZIP CODE ▲
Assistant Treasure	, Teleph	none number 828 - 785 - 4177
	<b>epositories:</b> List all banks or other depositories in which the so or maintains funds.	committee deposits funds, holds accounts, rents
Name of Bank, De	pository, etc.	
Mailing Address	First Citizens Bank  539 North Main Street	
	Hendersonville	NC 28792
	CITY A	STATE ▲ ZIP CODE ▲
Name of Bank, De	pository, etc.	
Ĺ	Truist Bank	
Mailing Address	9111 Litchford Road	
	Raleigh	NC 27615 -
	CITY ▲	STATE ▲ ZIP CODE ▲

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

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected LEDWARDS, CHUC	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	337 NORTH MAIN ST		
	HENDERSONVILLE	NC	28792
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative X Leadership PAC Sp
		nt rundraising represent	Leadership FAC S
esignated Agent: Identi		L Fundraising Represent	Leadership FAC 5
esignated Agent: Identi		In Fundraising Represent	Leadership FAC Sp
esignated Agent: Identi		Int Fundraising Representation	Leadership FAC St
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or m	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.  Fargo	STATE A Telephone Number	ZIP CODE A

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

Page \_\_\_ **of** 9\_\_\_

(h). <b>Joint Fundraisi</b> r	ng Participant:		
1		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
Mailing Address	337 NORTH MAIN ST		
Relationship:	HENDERSONVILLE CITY	NC STATE A	28792 ZIP CODE ▲
		nt Fundraising Representa	
Full Name			
Mailing Address	T.		
Mailing Address			
Mailing Address			
Mailing Address			
TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	•	STATE   STATE   Felephone Number	ZIP CODE A
TITLE OR POSITION	ries: List all banks or other depositories in which aintains funds.	elephone Number	
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	vries: List all banks or other depositories in which aintains funds.	elephone Number	

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

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h). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
PROTECT THE HO			
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or m	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   CITY   Pries: List all banks or other depositories in which anintains funds.  Fargo Bank	STATE A	ZIP CODE A

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

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1.				
1			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
lame of Any Connect	ed Organization, Affiliated Comn	nittee, Joint Fundra	sing Representativ	e, or Leadership PAC Spon
BLUE RIDGE VIC	TORY FUND			
Mailing Address	337 NORTH MAIN STREET			
	HENDERSONVILLE		NC	28792
Relationship:	CITY	•	STATE A	ZIP CODE ▲
	cted Organization Affiliated Co		undraising Represent	Leadership PAC Sp
			fundraising Represent	Leadership PAC Sp
esignated Agent: Ide			fundraising Represent	Leadership PAC Sp
esignated Agent: Ide			fundraising Represent	Leadership PAC Sp
esignated Agent: Ide			fundraising Represent	Leadership PAC Sp
esignated Agent: Ide Full Name Mailing Address	ntify by name, address (phone nur	mber – optional)		
esignated Agent: Ide	ntify by name, address (phone nur	mber – optional)	STATE A	Leadership PAC Sp

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

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1.			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint	Fundraising Representativ	re, or Leadership PAC Spons
AMERICAN BATTL	EGROUND FUND		
	DO DOV 00044		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
			7ID 00DE 4
	ted Organization	STATE  Joint Fundraising Representation  al)	
Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee X tify by name, address (phone number – option	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee X tify by name, address (phone number – option	al)	Leadership PAC Spo