

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2012 APR 24 AM 11:28
FEC MAIL CENTER
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐ (Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

BRUCE PELLER FOR CONGRESS

ADDRESS (number and street)

7842-C NORTH POINT BLVD

☐ (Check if address
is changed)

WINSTON-SALEM

NC

27104

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address
is changed)

chris@brucepeller.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address
is changed)

www.brucepeller.com

2. DATE

04 / 23 / 2012

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer

Paula A. Henao

Signature of Treasurer

Paula A. Henao

Date

04 / 23 / 2012

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

12030793614

5. 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. (Complete the candidate information below.)

Name of Candidate

BRUCE G. FELLER

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

NC

District

05

- (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 (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
- ☐ 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 two or more political 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 or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|---|
| 1. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

12030793615

Write or Type Committee Name

Bruce Peller for Congress

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

PAULA ANDREA HENAO

Mailing Address

3325 WOLFE STORE LANE

PFAFFTOWN

PFAFFTOWN

NC

27040

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

336-596-1122

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

PAULA ANDREA HENAO

Mailing Address

3325 WOLFE STORE LANE

PFAFFTOWN

NC

27040

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

336-596-1122

12030793616

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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.

FIRST CITIZENS BANK, NA

Mailing Address

6005 UNIVERSITY PARKWAY

WINSTON-SALEM

NC

27106-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030793617

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.

☐ Hand Delivered	Date of Receipt
---	-----------------

☐ USPS First Class Mail	Postmarked
--	------------

☐ USPS Registered/Certified	Postmarked (R/C)
--	------------------

☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	

☒ USPS Express Mail	Postmarked 4/23/12
---	-----------------------

☐ Postmark Illegible	
---	--

☐ No Postmark	
--------------------------------------	--

☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	

☐ 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
---	-----------------

☐ Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

AMP

PREPARER

(3/2005)

4/24/12

DATE PREPARED

12030793618