Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) CHARLES MALONE FOR CONGRESS 121-205 CALIBRE CHASE DR ADDRESS (number and street) (Check if address is changed) RALEIGH 27609 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS delaneypatricia@ymail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) malone4congress.com (Check if address is changed) DATE 29 2012 C00522029 FEC IDENTIFICATION NUMBER > 3. X 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. CHARLES MALONE Type or Print Name of Treasurer CHARLES MALONE [Electronically Filed] 07 26 2012 Signature of Treasurer Date 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 Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below	<i>ı</i> .)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
Name of CHARLES MALONE Candidate	
Candidate Party Affiliation DEM Office Sought: House Senate President	State NC District 13
(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 co	onnected 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)	segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number C	
3.	
4.	

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_	FEC Form 1 (Revised 0			Page 3
	Vrite or Type Committee Name		20	
_	CHARLES MAL	ONE FOR CONGRES	55	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint F	undraising Representative, or Leade	rship PAC Sponsor
C	HARLES MALONE F	OR CONGRESS		
L				
	Mailing Address	121-205 CALIBRE CHASE DR		
	3			
		RALEIGH	NC 27609	
		CITY	STATE	ZIP CODE
		OITT	JINIE	ZII CODE
	Relationship: Connected	Organization X Affiliated Committee	Joint Fundraising Representative	eadership PAC Sponsor
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number op	itional) and position of the person in p	ossession of committee
		MAL ONE		
	CHARLES Full Name	WALONE		
	Mailing Address	121-205 CALIBRE CHASE DR		
	3			
		RALEIGH	NC 27609	1 1
	Title or Position	CITY	STATE	ZIP CODE
	Canadate	I	Telephone number	1-1 1
			тыерноне нишьег	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the ssistant treasurer).	treasurer of the committee; and the r	name and address of
	Full Name Patricia An of Treasurer	n Delaney		
	Mailing Address	308 McColl Drive		
		Garner	NC 27529	_ !
		CITY	STATE	ZIP CODE
	Title or Position Treasurer	1	. 919	550 6722
			Telephone number	

Full Name of Designated Agent	CHARLES MALONE	
Mailing Address	121-205 CALIBRE CHASE DR	
	RALEIGH NC 27609 CITY STATE Z	ZIP CODE
Title or Position Canadate		96 7091
safety deposit bo		accounts, rents
safety deposit bo Name of Bank, D	oxes or maintains funds.	decounts, rents
safety deposit bo	Depository, etc. Wells Fargo Bank Cameron Village Branch	
safety deposit bo Name of Bank, D	Depository, etc. Wells Fargo Bank Cameron Village Branch Raleigh NC 27602	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Wells Fargo Bank Cameron Village Branch Raleigh CITY STATE	ZIP CODE
safety deposit bo Name of Bank, D	Depository, etc. Wells Fargo Bank Cameron Village Branch Raleigh CITY STATE	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Wells Fargo Bank Cameron Village Branch Raleigh CITY STATE	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Wells Fargo Bank Cameron Village Branch Raleigh CITY STATE	
Safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Wells Fargo Bank Cameron Village Branch Raleigh CITY STATE	
Safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Wells Fargo Bank Cameron Village Branch Raleigh CITY STATE	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] 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 [ADDITIONAL] **Designated Agent** Patricia Ann Delaney Full Name 308 McColl Drive Mailing Address Garner NC 27529 Title or Position CITY # **STATE** ZIP CODE 919 550 Treasurer Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number