

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

CHARLES MALONE FOR CONGRESS

ADDRESS (number and street) 121-205 CALIBRE CHASE DR

(Check if address is changed)

RALEIGH

CITY

NC

STATE

27609

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

delaneypatricia@ymail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

malone4congress.com

2. DATE

05 / 29 / 2012

3. FEC IDENTIFICATION NUMBER

C C00522029

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 CHARLES MALONE

Signature of Treasurer

CHARLES MALONE

[Electronically Filed]

Date

07 / 26 / 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.

Table with 5 columns and 1 row for Office Use Only.

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

FEC FORM 1 (Revised 06/2012)



Write or Type Committee Name

# CHARLES MALONE FOR CONGRESS

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

CHARLES MALONE FOR CONGRESS

Mailing Address

121-205 CALIBRE CHASE DR

RALEIGH

CITY

NC

STATE

27609

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 CHARLES MALONE

Mailing Address 121-205 CALIBRE CHASE DR

RALEIGH

CITY

NC

STATE

27609

ZIP CODE

Canadate

Telephone number

**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 Patricia Ann Delaney

Mailing Address 308 McColl Drive

Garner

CITY

NC

STATE

27529

ZIP CODE

Title or Position Treasurer

Telephone number

919

550

6722

Full Name of Designated Agent

CHARLES MALONE

Mailing Address

121-205 CALIBRE CHASE DR

RALEIGH

NC

27609

CITY

STATE

ZIP CODE

Title or Position

Canadate

Telephone number

919

896

7091

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.

Wells Fargo Bank

Mailing Address

Cameron Village Branch

Raleigh

NC

27602

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

**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.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ 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**

Full Name

Patricia Ann Delaney \_\_\_\_\_

Mailing Address

308 McColl Drive \_\_\_\_\_

Garner \_\_\_\_\_ NC 27529 - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 919 - 550 - 6722

[ ADDITIONAL ]

**Joint Fundraiser Participant**

\_\_\_\_\_

FEC ID number

C \_\_\_\_\_