

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

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

12FE4M5

FEC MAIL CENTER

HOUSTON BARNES FOR CONGRESS COMMITTEE

ADDRESS (number and street)

PO BOX 65

(Check if address is changed)

MORRISVILLE

CITY

NC

STATE

27560

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

sue@hppolitics.com

Optional Second E-Mail Address

lora@hppolitics.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.houstonbarnes.com

2. DATE 10 / 24 / 2013

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Susan Jackson

Signature of Treasurer

Susan Jackson

Date

10 / 24 / 2013

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 06/2012)

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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 HOUSTON BARNES

Candidate Party Affiliation DEM Office Sought: House Senate President State NC District 02

- (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. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

13031133689

Write or Type Committee Name

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

Grid for Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Mailing Address grid

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

Lora Haggard

Mailing Address

PO Box 65
Morrisville NC 27560

Title or Position

CITY

STATE

ZIP CODE

ASST TREASURER

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

Susan Jackson

Mailing Address

1818 MLK, Jr Blvd., Suite D9
Box 134
Chapel Hill NC 27514

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 404-310-6163

0095113690

Full Name of Designated Agent

Lora Haggard

Mailing Address

PO Box 65

Morrisville NC 27560

CITY

STATE

ZIP CODE

Title or Position

Asst Treasurer

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.

Wells Fargo

Mailing Address

153 North Main St

Morrisville NC 28115

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Susan Jackson

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Chapel Hill, NC 27516



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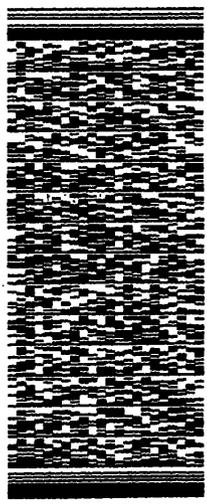
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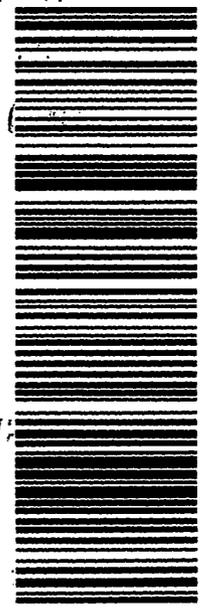


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Other (Specify): Date of Receipt or Postmarked

JMP

PREPARER

(8/2013)

10/25/13

DATE PREPARED

SECRET