PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wayne King for Congress PO Box 944 ADDRESS (number and street) (Check if address is changed) Kings Mountain 28086 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Waynekingforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address vicki.hafele@cpa.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://waynekingforcongress.com (Check if address is changed) DATE 2020 C00732941 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. Hafele, Vicki, , , Type or Print Name of Treasurer Hafele, Vicki,,, [Electronically Filed] 02 2020 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 Only

Local 202-694-1100

FEC F	Form 1 (Revised 02/2009) Page 2
	COMMITTEE
(a) x	te Committee: 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	King, Joseph, Wayne, Mr., II
Candidate	Office State NC
Party Affilia	ation REP Sought: X House Senate President District 11
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	pmmittee: (National, State (Democratic,
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the 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 Fur	ndraising 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.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	FEC ID number
3.	FEC ID number
4	

FEC Form 1 (Rev	vised 02/2009)	 Page 3
Write or Type Committee		_
Wayne King	for Congress	
	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
NONE		
<u> </u>		
Mailing Addross		
Mailing Address		
	CITY STATE	ZIP CODE
	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person	in possession of committee
Hafe	ele, Vicki, , ,	
Mailing Address	6239 Seton House Ln	
Mailing Address		
	Charlotte NC 28	8277
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 618 _ 4051
	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Hafel	le, Vicki, , ,	
Mailing Address	6239 Seton House Ln	
	Charlotte	3277
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number]-[

	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		_
	Telephone number	
. Banks or Othe	er Depositories: List all banks or other depositories in which the committee deposits funds, ho	olds accounts, rents
safety deposit k	poxes or maintains funds.	
safety deposit b	Depository, etc.	
safety deposit b	poxes or maintains funds.	I
safety deposit t Name of Bank,	Depository, etc. First Citizens Bank 1700 4 Seasons Boulevard	
safety deposit b	Depository, etc. First Citizens Bank 1700 4 Seasons Boulevard	
safety deposit t Name of Bank,	Depository, etc. First Citizens Bank 1700 4 Seasons Boulevard	
safety deposit t Name of Bank,	Depository, etc. First Citizens Bank 1700 4 Seasons Boulevard	
safety deposit t Name of Bank,	Depository, etc. First Citizens Bank 1700 4 Seasons Boulevard	ZIP CODE
safety deposit to Name of Bank, Mailing Address	Depository, etc. First Citizens Bank 1700 4 Seasons Boulevard Hendersonville NC 28792	
safety deposit to Name of Bank, Mailing Address	Depository, etc. First Citizens Bank 1700 4 Seasons Boulevard Hendersonville CITY STATE	
safety deposit to Name of Bank, Mailing Address	Depository, etc. First Citizens Bank 1700 4 Seasons Boulevard Hendersonville CITY STATE	
safety deposit to Name of Bank, Mailing Address	Depository, etc. First Citizens Bank 1700 4 Seasons Boulevard Hendersonville CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. First Citizens Bank 1700 4 Seasons Boulevard Hendersonville CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. First Citizens Bank 1700 4 Seasons Boulevard Hendersonville CITY STATE Depository, etc.	