

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2016 MAY 18 AM 7:10  
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Committee to Elect Bob Isner

ADDRESS (number and street)

1852 Banking St.

(Check if address is changed)

#9623

Greensboro

CITY ▲

NC

STATE ▲

27408

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

BobIsnerforCongress@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

BobIsnerforCongress.com

2. DATE

MM / DD / YYYY  
04 / 28 / 2016

DD / MM / YYYY

YYYY / MM / DD

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

Milton S. Kern

Signature of Treasurer

*Milton S. Kern*

Date

MM / DD / YYYY  
05 / 06 / 2016

DD / MM / YYYY

YYYY / MM / DD

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530

FEC FORM 1  
(Revised 06/2012)

20160518 10:00:47



Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

Bob Isner

Mailing Address

1707 Willow Wick Dr.

Greensboro

NC

27408

Title or Position

CITY

STATE

ZIP CODE

Candidate

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

Milton S. Kern

Mailing Address

454 Arlington St.

Greensboro

NC

27406

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

336

288

6565

20081210000 W01 W01 010000

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

Bank of North Carolina

[Grid for Name of Bank, Depository, etc.]

Mailing Address

3980 Premier Dr.

[Grid for Mailing Address Line 1]

Suite 210

[Grid for Mailing Address Line 2]

High Point

[Grid for Mailing Address Line 3]

NC

27265

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

2014-11-10 10:00:00 AM



