Only

## STATEMENT OF

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**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. **BISHOP FOR CONGRESS** 2216 Whilden Ct ADDRESS (number and street) (Check if address is changed) Charlotte 28211-3272 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dan@votedanbishop.com (Check if address is changed) Optional Second E-Mail Address jinger@votedanbishop.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.votedanbishop.com/ (Check if address is changed) DATE 2021 C00699660 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. Kelley, Jinger, , , Type or Print Name of Treasurer Kelley, Jinger, , , [Electronically Filed] 17 2021 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

EEO <b>F</b>	1 (Pavisad 02/2000)	Page 2
	COMMITTEE	Page <b>2</b>
Candidate	e Committee:	
(a) <b>x</b>	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. (Corinformation below.)	nplete the candidate
Name of Candidate	Bishop, James, Daniel, ,	
Candidate Party Affiliat	ion REP Office Sought:   House Senate President	State NC District 08
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)	(National, State  This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)	egregated 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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEO Forms 4 (Pavis of 4)	22/2222	David 2
FEC Form 1 (Revised C		Page <b>3</b>
BISHOP FOR C		
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
Dan Bishop Victory Co	mmittee	
Mailing Address	3103 Julian Glen Cir	
	W	28173
	Waxhaw NC	20173
	CITY STAT	TE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	esentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identification books and records.</li> </ol>	ntify by name, address (phone number optional) and position of t	the person in possession of committee
Kelley, Jin	ger, , ,	
Full Name	,3103 Julian Glen Cir	
Mailing Address		
	Waxhaw	28173-4105
Title or Position	CITY STATE	E ZIP CODE
Custodian of Records	Telephone number	828
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the commassistant treasurer).	nittee; and the name and address of
Full Name Kelley, Jing	jer, , ,	
of Treasurer	3103 Julian Glen Cir	
Mailing Address		
	Waxhaw	28173-4105
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	828 776 - 2774

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position	Telephone number	
safety deposit box Name of Bank, D		accounts, rents
	First Citizens Bank	
Mailing Address	1531 Woodlawn Rd	
	Charlotte NC 28209	
	CITY STATE 2	ZIP CODE
Name of Bank, D	epository, etc.	
	Wells Fargo Bank  8302 Woodmont Ave	
Mailing Address	Bethesda MD 20814	
	CITY STATE 2	ZIP CODE

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amended to indicate the change from District 9 to District 8

Form/Schedule: Transaction ID:

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g) o	r(h). <b>Joint Fundraisin</b>	g Participant:	
	1		FEC ID number
	2		FEC ID number
	3.		FEC ID number
	4		FEC ID number
6.	Name of Any Connected Securing Our Silve		ising Representative, or Leadership PAC Sponsor
	Mailing Address	1909 K St NW	
		FI 12	
		Washington	DC   20006-1152   -
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		I	ephone Number
	Banks or Other Depositor safety deposit boxes or ma		ne committee deposits funds, holds accounts, rents
	Depository, etc.		
	Mailing Address	2001 K St NW	
		Washington	DC 20006

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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afety deposit boxes or ma		as or other depositories in wh	Telephone Number ich the committee de	eposits funds	holds accounts, rent
anks or Other Deposito afety deposit boxes or material ame of Bank, epository, etc.	aintains funds.  of America	as or other depositories in wh			holds accounts, rent
anks or Other Deposito afety deposit boxes or ma	aintains funds.  of America	s or other depositories in wh			holds accounts, rent
anks or Other Deposito		ss or other depositories in wh			holds accounts, rent
TITLE OR POSITION			Telephone Number		
TITLE OR POSITION		1		1 1	_1 1_1
	▼	CITY A	STATE	<b>A</b>	ZIP CODE ▲
Mailing Address					
Full Name					
esignated Agent: Identify	y by name, addre	ss (phone number – optional)			
Connected	d Organization	Affiliated Committee	oint Fundraising Repr	esentative	Leadership PAC Sp
Relationship:		CITY A	STAT		ZIP CODE ▲
	Bethesda			D   20	0824-0844
Mailing Address	PO Box 30844				
Take Dack THE HI					
lame of Any Connected Take Back The Ho	_	filiated Committee, Joint Fu	ndraising Represen	tative, or Le	adership PAC Spons
			-		
4.			FEC ID num	ber C	
			FEC ID num	ber C	
3.			,   FEC ID num	ber C	
2			FEC ID num	ber C	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
FREEDOMWOR	KS VICTORY 2021		
	∣ 111 K ST NE		
Mailing Address			
	STE 600		
	WASHINGTON	DC DC	20002
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Join  fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name	fy by name, address (phone number – optional)  CITY   T	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Topries: List all banks or other depositories in which	STATE A	ZIP CODE A