12030702850

STATEMENT OF **ORGANIZATION**

RECEIVED

2012 IAN IO AM C

| FORW I | | | | | Office Use Only |
|-------------------------------|----------------------------------|--------------------------------------|---|---------------------|----------------------------------|
| 1. NAME OF COMMITTEE | (in full) | (Check if name is changed) | Example:If typing, type over the lines. | FEC 12FE4M5 | MAIL CENTER |
| Elisabeth | Motsin | ger for Congr | ess | | |
| ADDRESS (number | and street) | P. O. Box 25 | 3 121 | | |
| (Check if address is changed) | | Winston-Sale | e m | NC | 27114 5121 |
| | | | CITY | STATE | ZIP CODE |
| COMMITTEE'S E-M | MAIL ADDRE | SS (Please provide only one | · · | | |
| Check | if address | core@nc5th | ₋ us | | |
| is change | | | | | |
| | | | | | |
| COMMITTEE'S WE | EB PAGE AD | DRESS (URL) I WWW.nc5th. u | 10 | | |
| | (Check if address is changed) | | 1 3 | | |
| 2. DATE 1 | '2 [™] ′ 2 [®] | 9°′ 20′11′ ` | | | · |
| 3. FEC IDENTIF | FICATION N | UMBER C | | | |
| 4. IS THIS STAT | EMENT _ | NEW (N) OR | AMENDED (A) | | |
| I certify that I have | examined the | nis Statement and to the be | est of my knowledge and belief | it is true, correct | and complete. |
| Type or Print Nam | e of Tressure | John K. Mo | tsinger, Sr. | | |
| Signature of Treas | | W X M | Matery la | Date 12 | " ′ 2 9° ′ 2011 ′ |
| NOTE: Submission | of false, erron | • | on may subject the person signing | =" | the penalties of 2 U.S.C. §437g. |
| Office Use | | | For further Information Federal Election Commi Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) |

| Γ | | | | | | | | | |
|----|--|------------------|--|--|--|--|--|--|--|
| | F | EC For | m 1 (Revised 02/2009) | Page 2 | | | | | |
| 5. | – | YPE OF COMMITTEE | | | | | | | |
| | (a) | | This committee is a principal campaign committee. (Complete the candidate information belo | w) | | | | | |
| | | | | • | | | | | |
| | (b) | Ш | This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.) | omplete the candidate | | | | | |
| | Name Candi | | | | | | | | |
| | Candidate Party Affiliation | | Office Sought: House Senate President | State | | | | | |
| | raity | Aiman | n Sought: House Senate President | District | | | | | |
| | (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| | Name Candi | | | | | | | | |
| | Part | y Com | mittee: | | | | | | |
| | (d) | (National, State | | (Democratic, Republican, etc.) Party. | | | | | |
| | Polit | ical A | ction Committee (PAC): | | | | | | |
| | (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its of | 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. | Cooperative | | | | | |
| | (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. | | | | | | |
| | | | H | | | | | | |
| | 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 committees/organizations, at least one of which is an euthprized committee of a federal candidate. | | | | | | |
| | (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate. | two or more political | | | | | |
| | | Comr | nittees Participating in Joint Fundraiser | | | | | | |
| | | 1. | | • | | | | | |
| | | | | | | | | | |
| | | 2. | FEC ID number C | | | | | | |
| | | 3. | FEC ID number C | | | | | | |
| | | 4. | FEC ID number C | | | | | | |

| W | Write or Type Committee Name | | | | | |
|----------------------------------|--|--|--|--|--|--|
| Elisabeth Motsinger for Congress | | | | | | |
| 6. | 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor | | | | | |
| | | | | | | |
| Ш | | <u> </u> | | | | |
| Ц | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | | CITY STATE ZIP CODE | | | | |
| | Relationship: Connec | ted Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | |
| | Custodian of Records: lo books and records. | dentify by name, address (phone number optional) and position of the person in possession of committee | | | | |
| | Full Name Johr | K. Motsinger, Sr. | | | | |
| | Mailing Address | P. O. Box 25121 | | | | |
| | | | | | | |
| | | Winston-Salem NC 27114 - 5121 | | | | |
| | Title or Position | CITY STATE ZIP CODE | | | | |
| | Legal and Com | pliance Director Telephone number [336,] - [830,] - [4729,] | | | | |
| | Treasurer: List the name any designated agent (e.g | and address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer). | | | | |
| | Full Name Johr of Treasurer | K. Motsinger, Sr. | | | | |
| | Mailing Address | P. O. Box 25121 | | | | |
| | | | | | | |
| | | Winston-Salem NC 27114 5121 | | | | |
| | Title or Position | CITY STATE ZIP CODE | | | | |
| | Treasurer | Telephone number 336 - 830 - 4729 | | | | |

}

12030702853

(3/2005)

Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED