Only

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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. Mark Harris for Congress PO Box 1350 ADDRESS (number and street) (Check if address is changed) Norwood NC 28128 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address jinkelley@yahoo.com is changed) Optional Second E-Mail Address mark.everette.harris@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.markharrisforcongress.org (Check if address is changed) DATE 2024 C00850404 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Kelley, Jinger, , Date 02 27 2025 Signature of Treasurer Kelley, Jinger, , , 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Complet information below.)	te the candidate
Name of Candidate Harris, Mark, E, ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State NC District 08
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.00.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	cratic, ican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	or Organization
Membership Organization Trade Association Coo	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybri	d PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1C	

I	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Mark Harris for C		
6.		rganization, Affiliated Committee, Joint Fundraising Representativ	e, or Leadership PAC Sponsor
	AMERICA'S AWAKE	NING PAC	
	Mailing Address	PO Box 1350	
	-		
		Norwood	
	_	CITY ▲ STATE ▲	▲ ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Represe	entative Leadership PAC Sponso
7.	Custodian of Records: Identibooks and records.	fy by name, address (phone number optional) and position of the pers	son in possession of committee
	Kelley, Jing	er, , ,	
	Full Name		
	Mailing Address	236 Summerhouse Point	
		1	
		Norwood	28128
	Title or Position ▼	CITY ▲ STATE A	▲ ZIP CODE ▲
	Treasurer		828 776 2774
		Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committeessistant treasurer).	ee; and the name and address of
	Full Name Kelley, Jing	er	
	of Treasurer		
	Mailing Address	236 Summerhouse Point	
		Norwood	28128
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	828

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Full Name of Designated Lyerly, Ro Agent	obert, , , Jr		
Mailing Address	7900 Stevens Mill Rd		
	Matthews	NC NC	28104
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assist Treasurer		Telephone number	
Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories in votains funds.	which the committee deposits t	funds, holds accounts, rents
Name of Bank, Depository,	etc.		
First Cit	izens Bank		
Mailing Address	111 E Jefferson St,		
	Manage	, NC	28112
	Monroe		
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Frist Cit	izens Bank		
Mailing Address	352 N 1st St		
	Albemarle	NC NC	28128
	CITY ▲	STATE ▲	ZIP CODE ▲

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

Form/Schedule: F1A Transaction ID:

This amendment reflects the addition of two Joint Fundraising Representatives

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

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1			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
7.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spons
Mark Harris Victory F	und		
Mailing Address	PO Box 1350		
	Norwood	ı NC ı	28128
Relationship:	CITY A	STATE A	ZIP CODE ▲
riciationship.	OH F	SIAIE	ZIF CODE A
	d Organization Affiliated Committee X Joint by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
		Fundraising Represent	Leadership PAC Spo
Designated Agent: Identify		Fundraising Represent	Leadership PAC Spo
Designated Agent: Identify		Fundraising Represent	Leadership PAC Spo
Designated Agent: Identify		Fundraising Represent	Leadership PAC Spo
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Designated Agent: Identify	by name, address (phone number – optional) CITY	Fundraising Represent STATE elephone Number	Leadership PAC Spo

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). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
		,	
-	Organization, Affiliated Committee, Joint Fu		
FRESHMAN AGRIC	JLTURAL REPUBLICAN MEMBERS TRU	JST AKA FARM TRUS	<u> </u>
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X J y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Identif	y by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	s funds, holds accounts, rent
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	s funds, holds accounts, rent