

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2020 AUG 20 AM 8:15
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

COMMITTEE TO WRITE IN TERRI EVERETT

ADDRESS (number and street) P O B O X 3 0 5
 (Check if address is changed)
W I L M I N G T O N N C 2 8 4 0 2
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) W R I T E I N T E R R I E V E R E T T @ G M A I L . C O M
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) W R I T E I N T E R R I E V E R E T T . C O M

2. DATE 08 / 01 / 2020

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 ERIC C. GAUFF

Signature of Treasurer *Eric Gauff* Date 08 / 17 / 2020

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.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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 T E R R I E V E R E T T

Candidate Party Affiliation DEM Office Sought: House Senate President State NC District 07

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

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

T E R R I E V E R E T T

Mailing Address

P O B O X 3 0 5

W I L M I N G T O N

N C

2 8 4 0 2

Title or Position

CITY

STATE

ZIP CODE

C A N D I D A T E

Telephone number

9 1 0

2 9 4

0 6 0 8

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

E R I C C G A U F F

Mailing Address

4 4 5 2 J O R D E N L A N E

W A L D O R F

M D

2 0 6 0 1

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number

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.

F I R S T C I T I Z E N S B A N K

Mailing Address

3 1 5 M A R K E T S T

[Grid for Mailing Address Line 2]

W I L M I N G T O N N C 2 8 4 0 1

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

OF WASHINGTON AND DISTRICT OF COLUMBIA

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number **C** _____

FEC ID number **C** _____

FEC ID number **C** _____

FEC ID number **C** _____

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

Mailing Address _____

Relationship: _____ CITY ▲ STATE ▲ ZIP CODE ▲ -

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number – optional)**

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ _____ CITY ▲ STATE ▲ ZIP CODE ▲

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. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

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PRESS FIRMLY TO SEAL



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Waldorf, MD 20601

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TO: (PLEASE PRINT)

PHONE ()

Federal Elections Committee
1050 First St., N.E.
Washington, DC 20463

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PO ZIP Code

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2-Day

Scheduled Delivery Date

8/18/20

Postage

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Military

DPO

Date Accepted (MM/DD/YY)

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Time Accepted

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\$

Return Receipt Fee

\$

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\$

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\$

Sunday/Holiday Premium Fee

\$

Total Postage & Fees

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Weight

0.14 lbs.

Rate

\$

Acceptance Employee Initials

ES

Employee Signature

2035

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Time

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 PM

Employee Signature

Time

AM
 PM

Employee Signature

Delivery Attempt (MM/DD/YY)

Time

AM
 PM

Employee Signature

Time

AM
 PM

Employee Signature

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