1. **NAME OF COMMITTEE (in full)**

   (Check if name is changed)  
   Example: If typing, type over the lines.

   ![Committee ID](12FE4M5)

2. **ADDRESS (number and street)**

   (Check if address is changed)

3. **DATE**

   ![Date](MM/DD/YYYY)

4. **FEC IDENTIFICATION NUMBER**

   ![Identification Number](C)

5. **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

Signature of Treasurer

Date

---

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

(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. [Name] [FEC ID number] C
2. [Name] [FEC ID number] C
3. [Name] [FEC ID number] C
4. [Name] [FEC ID number] C
6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

   [Blank lines for entering information]

   **Mailing Address**

   [Blank lines for entering information]

   **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**

   [Blank lines for entering information]

   **Mailing Address**

   [Blank lines for entering information]

   **Title or Position**

   [Blank lines for entering information]

   **CITY**

   **STATE**

   **ZIP CODE**

   **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**

   [Blank lines for entering information]

   **Mailing Address**

   [Blank lines for entering information]

   **Title or Position**

   [Blank lines for entering information]

   **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.

<table>
<thead>
<tr>
<th>Name of Bank, Depository, etc.</th>
<th>Mailing Address</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
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</table>

**Designated Agent**

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<tr>
<th>Full Name of Designated Agent</th>
<th>Mailing Address</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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**Title or Position**

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<th>Title or Position</th>
<th>Telephone number</th>
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5(g) or (h). Joint Fundraising Participant:

1. Name of Fundraising Participant
   - FEC ID number: C

2. Name of Fundraising Participant
   - FEC ID number: C

3. Name of Fundraising Participant
   - FEC ID number: C

4. Name of Fundraising Participant
   - FEC ID number: C

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

   Mailing Address

   Relationship: [ ] 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 ▲