FEC FORM 1  
STATEMENT OF ORGANIZATION

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

ADDRESS (number and street)  
   (Check if address is changed)

   CITY  
   STATE  
   ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
   (Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)  
   (Check if address is changed)

2. DATE

3. FEC IDENTIFICATION NUMBER ▶

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

Signature of Treasurer

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

Candidate Party Affiliation

Office Sought: House Senate President

State District

(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
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- 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.)

(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 (Hybrid 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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j) 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. C

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

   

   Mailing Address

   

   Relationship: [ ] Connected Organization [ ] Affiliated Organization [ ] 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

   

   Mailing Address

   

   Title or Position

   

   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

   

   Mailing Address

   

   Title or Position

   

   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.

|||
---|---|---|---
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| CITY | STATE | ZIP CODE |
| Title or Position | | |
| Telephone number | | |

Name of Bank, Depository, etc.

|||
---|---|---|---
| Mailing Address | | |
| | | |
| CITY | STATE | ZIP CODE |

Name of Bank, Depository, etc.

|||
---|---|---|---
| Mailing Address | | |
| | | |
| CITY | STATE | ZIP CODE |
5(i) or (j). Joint Fundraising Participant:

1. 

2. 

3. 

4. 

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

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

8. 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