

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

Office Use Only

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

M M / D D / Y Y Y Y

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

Signature of Treasurer

Date

M M / D D / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)



Write or Type Committee Name

[illegible]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ZIP CODE

ZIP CODE

$$\boxed{\phantom{00}}\boxed{\phantom{00}}\boxed{\phantom{00}} - \boxed{\phantom{00}}\boxed{\phantom{00}}\boxed{\phantom{00}} - \boxed{\phantom{00}}\boxed{\phantom{00}}\boxed{\phantom{00}}\boxed{\phantom{00}}$$

ZIP CODE

$$\begin{array}{ccccccc} | & & | & & | & & | \\ | & & | & - & | & & | \\ | & & | & & | & & | \end{array}$$

Full Name of  
Designated  
Agent

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.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address