Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. BERGESON & CAMPBELL P.C. PAC 2200 Pennsylvania Avenue, NW ADDRESS (number and street) Suite 100W (Check if address is changed) Washington 20037 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Dennisdeziel@gmail.com (Check if address is changed) Optional Second E-Mail Address aimee,lubin@hklaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2022 C00787911 FEC IDENTIFICATION NUMBER > 3. X 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. Deziel, Dennis, , , Type or Print Name of Treasurer Deziel, Dennis,,, [Electronically Filed] 02 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
	COMMITTEE 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		Democratic,
(d)		Republican, etc.) Party.
Political A	action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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FEC Form 1 (Revise		Page 3
Write or Type Committee Na		
	& CAMPBELL P.C. PAC	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
BERGESON & CAN	1PBELL P.C.	
	2200 Pennsylvania Avenue, NW	
Mailing Address	Suite 100W	
	Washington DC	20037
	CITY STATE	ZIP CODE
Relationship: X Connec	cted Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
7. Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of the p	erson in possession of committee
	Aimee, , ,	
Full Name	,800 17th Street, NW	
Mailing Address	Suite 1100	
	Washington	20006
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	202 - 828 - 1895
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; j., assistant treasurer).	and the name and address of
Full Name Deziel, of Treasurer	Dennis, , ,	
Mailing Address	2200 Pennsylvania Avenue, NW	
	Suite 100W	
	Washington	20037
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	202 557 3623

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I	oxes or maintains funds. Depository, etc.	ds accounts, rents
	oxes or maintains funds.	
Name of Bank, I	PNC Bank 800 17th Street, NW	ZIP CODE
Name of Bank, I	Depository, etc. PNC Bank 800 17th Street, NW Washington CITY STATE	
Name of Bank, I	Depository, etc. PNC Bank 800 17th Street, NW Washington CITY STATE	
Name of Bank, I	Depository, etc. PNC Bank 800 17th Street, NW Washington CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. PNC Bank 800 17th Street, NW Washington CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. PNC Bank 800 17th Street, NW Washington CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. PNC Bank 800 17th Street, NW Washington CITY STATE Depository, etc.	