



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

July 19, 2018

BRENDA I. NICHOLS , TREASURER
LARSON DESIGN GROUP PAC
1000 COMMERCE PARK DRIVE
WILLIAMSPORT, PA 17701

Response Due Date

08/23/2018

IDENTIFICATION NUMBER: C00366229

REFERENCE: JULY QUARTERLY REPORT (04/01/2018 - 06/30/2018)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in enforcement action.** Additional information is needed for the following 1 item(s):

- Your filings disclose that your committee may have satisfied the criteria set forth at 11 CFR §100.5(e)(3) for becoming a multicandidate committee; however, the Commission has no record of a FORM 1M (Notification of Multicandidate Status) filed by your committee. Please be advised that once a political committee meets the certification requirements or becomes affiliated with an existing multicandidate committee, whether or not that political committee has certified its status as a multicandidate committee, it automatically attains multicandidate status and must file a FORM 1M (Notification of Multicandidate Status) within ten (10) calendar days. The certification requirements for multicandidate status have been satisfied when a political committee:

- 1 - has received contributions for federal elections from at least 51 persons;
- 2 - has been registered with the Commission for at least 6 months; and
- 3 - has made contributions to at least five federal candidates.

For further guidance on the multicandidate certification requirements, please see 11 CFR §§102.2(a)(3), 110.2(a)(1) and (2). Please submit a FORM 1M to disclose the required information for the public record. A copy of FEC FORM 1M can be downloaded from the FEC website at <https://www.fec.gov/help-candidates-and-committees/forms/>, or requested through the FEC Fax line at (202) 501-3413.

NOTICE OF DISCLOSURE

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

LARISON DESIGN GROUP PAC

ADDRESS (number and street)

11000 COMMERCIAL PARK DR

(Check if address is changed)

WILLIAMS PORT

CITY ▲

PA

STATE ▲

17701

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

B.NICHOLS@LARISONDESIGNGROUP.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

(Check if address is changed)

2. DATE

MM / DD / YYYY

3. FEC IDENTIFICATION NUMBER ▶

C00366229

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

Brenda Nichols Brenda Nichols

Signature of Treasurer

Brenda Nichols

Date

MM / DD / YYYY
07 / 23 / 2018

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.

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)

NON-FEDERAL CAMPAIGN CONTRIBUTION

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 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	C	_____
2.	_____	FEC ID number	C	_____
3.	_____	FEC ID number	C	_____
4.	_____	FEC ID number	C	_____

NOTICE: ON: ON: CONNECTION

Write or Type Committee Name

LARSON DESIGN GROUP PAC

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

LARSON DESIGN GROUP INC.

Mailing Address

11000 COMMERCE PARK DR

WILLIAMSPORT

PA

17701-

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

BRENDA NICHOLS LARSON DESIGN GROUP

Mailing Address

11000 COMMERCE PARK DR

WILLIAMSPORT

PA

17701-

Title or Position

CITY

STATE

ZIP CODE

CFO

Telephone number

570-323-6603

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

BRENDA NICHOLS

Mailing Address

11000 COMMERCE PARK DR

WILLIAMSPORT

PA

17701-

CITY

STATE

ZIP CODE

Title or Position

CFO

Telephone number

570-323-6603

NOTICE: SEE INSTRUCTIONS

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty 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.

FIRST NATIONAL BANK OF PENNSYLVANIA

Mailing Address

110 MAYNARD ST

[Empty grid for Mailing Address]

WILLIAMSPORT PA 17701

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

NON-PROFIT ORGANIZATION

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

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number
 FEC ID number
 FEC ID number
 FEC ID number

C _____
 C _____
 C _____
 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 ▲

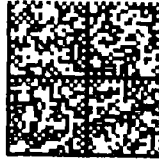
STATE ▲

ZIP CODE ▲

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Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *MP*
(3/2015)

8/6/2018
DATE PREPARED

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