Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Right to Life Political Action Committee 512 10th Street, N.W. ADDRESS (number and street) (Check if address is changed) Washington 20004-DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wcockfield@hotmail.com (Check if address is changed) Optional Second E-Mail Address kcross@nrlc.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.nrlc.org (Check if address is changed) DATE 2017 C00111278 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. Cockfield, Wayne, , , Type or Print Name of Treasurer Cockfield, Wayne, , , [Electronically Filed] 04 2017 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

FF0 <b>-</b>	aven 1 (Davis ad 00(0000)	D <b>0</b>
	COMMITTEE	Page <b>2</b>
	e 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 Affilia	tion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)		Democratic, Republican, etc.) Part
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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 two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revise	ed 02/2009)	Page <b>3</b>
Write or Type Committee Na		i age 🗸
	to Life Political Action Committee	
	d Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
		native, or Ecuacionip i 710 oponion
National Right to Life	)	
Mailing Address	512 10th St NW	
3		
	Washington	C 20004-1401
	CITY	TATE ZIP CODE
_		
Relationship: X Connec	cted Organization Affiliated Committee Joint Fundraising Repr	resentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: le books and records.</li> </ol>	dentify by name, address (phone number optional) and position o	f the person in possession of committee
I	ad, Amarie, , ,	
Full Name	512 10th St NW	
Mailing Address		
	West-sure.	DC , 20004-1401 , ,
	Washington	OC   20004-1401   -       -
Title or Position	CITY STA	TE ZIP CODE
Custodian of Records	Telephone number	202 626 8816
8. <b>Treasurer:</b> List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the com	nmittee; and the name and address of
Full Name Cockfie	ld, Wayne, , ,	
of Treasurer	.540 40W O NW	
Mailing Address	512 10th St NW	
	Washington	DC   20004-1401   -
Title or Position	CITY STA	TE ZIP CODE
Treasurer	Telephone number	
	· ·	

FEC Form 1 (Re	evised 02/2009)		Page <b>4</b>
Full Name of Designated Raga Agent	an, Jacki, , ,		
Mailing Address	512 10th St NW		
	Washington CITY	DC 2000 STATE	4-1401 ZIP CODE
Title or Position  Designated Agent		none number	
safety deposit boxes or Name of Bank, Deposit	tory, etc.	committee deposits funds, h	oids accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds.	committee deposits funds, h	July accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.  chovia Bank	committee deposits funds, h	
safety deposit boxes or Name of Bank, Deposit	chovia Bank 1753 Pinnacle Dr.		
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  Chovia Bank  1753 Pinnacle Dr.  McLean  CITY	VA 2210:	2
safety deposit boxes or Name of Bank, Deposit  War  Mailing Address	maintains funds.  tory, etc.  Chovia Bank  1753 Pinnacle Dr.  McLean  CITY	VA 2210:	2
safety deposit boxes or Name of Bank, Deposit  War  Mailing Address	chovia Bank  1753 Pinnacle Dr.  McLean  CITY	VA 22102 STATE	2
safety deposit boxes or Name of Bank, Deposit  Wan  Mailing Address  Name of Bank, Deposit	chovia Bank  1753 Pinnacle Dr.  McLean  CITY	VA 22102 STATE	2
safety deposit boxes or Name of Bank, Deposit  Wan  Mailing Address  Name of Bank, Deposit	chovia Bank  1753 Pinnacle Dr.  McLean  CITY	VA 22102 STATE	2

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. ı Wachovia Bank 1753 Pinnacle Drive Mailing Address 22102 McLean CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ ADDITIONAL ] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number