Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ETSALLVOTE.ORG 370 East South Temple, Ste 580 ADDRESS (number and street) (Check if address is changed) Salt Lake City 84107 UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mike@mccauleyassociatespc.com (Check if address is changed) Optional Second E-Mail Address steve@mccauleyassociatespc.com COMMITTEE'S WEB PAGE ADDRESS (URL) letsallvote.org (Check if address is changed) DATE 06 2018 C00557587 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. McCauley, Mike, , , Type or Print Name of Treasurer McCauley, Mike, , , [Electronically Filed] 04 06 2018 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

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|------------|--|--|-------------------------------------|--|--|--|--|
| | PE OF COMMITTEE | | | | | | |
| Car | ndidate | didate Committee: | | | | | |
| (a) | Ш | 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. (Complinformation below.) | ete the candidate | | | | |
| | ne of didate | | | | | | |
| | didate y Affiliati | Office Sought: House Senate President | State | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Nam Can | ne of didate | | | | | | |
| Par | ty Con | nmittee: | | | | | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, epublican, etc.) Party. | | | | |
| Pol | itical A | ction Committee (PAC): | | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | ected 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 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.) | | | | | |
| Join | nt Fund | raising 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. | 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. | or more political | | | | |
| | Com | mittees Participating in Joint Fundraiser | | | | | |
| | 1. | FEC ID number | | | | | |
| | 2. | FEC ID number C | | | | | |
| | 3. | FEC ID number | | | | | |
| | 4. | | | | | | |

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|---|--|-----------------------|
| Write or Type Committee Nam | | |
| LETSALLVOTE | E.ORG | |
| | Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders | hip PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connecte | ed Organization Affiliated Committee Joint Fundraising Representative Le | adership PAC Sponsor |
| Custodian of Records: Ide books and records. | entify by name, address (phone number optional) and position of the person in pos | ssession of committee |
| McCaule Full Name | y, Mike, , , | |
| Mailing Address | 370 East South Temple, Ste 580 | |
| Mailing Address | | |
| | Salt Lake City UT 84111 | |
| Title or Position | CITY STATE | ZIP CODE |
| CPA | | 202 7284 |
| . Treasurer: List the name all any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer). | me and address of |
| Full Name McCauley | y, Mike, , , | |
| Mailing Address | 370 East South Temple, Ste 580 | |
| J | | |
| | Salt Lake City UT 84111 | |
| T | CITY STATE | ZIP CODE |
| Title or Position CPA | | 202 - 7284 |

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|---|---------------------------------|---------------|--|--|--|--|
| | | | | | | |
| Full Name of Designated Agent | McCauley, Mike, , , | | | | | |
| Mailing Address | 370 East South Temple, Ste 580 | | | | | |
| | | | | | | |
| | Salt Lake City CITY STATE Z | ZIP CODE | | | | |
| Title or Position CPA | | 7284 | | | | |
| 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 | Wells Fargo Bank 299 South Main | | | | | |
| Č | | | | | | |
| | Salt Lake City UT 84101 | | | | | |
| | CITY STATE 2 | ZIP CODE | | | | |
| Name of Bank, D | Depository, etc. | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY STATE : | ZIP CODE | | | | |