FEC FORM 1

Only

STATEMENT OF **ORGANIZATION**

FEC MAIL CENTER 2015 OCT -6 AH 6: 55

(Revised 02/2009)

				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Hale USA C	ommittee			
				111111
ADDRESS (number and street)	926 Peppe	iritinga lin.	Apti	C
(Check if address				
is changed)	Owensboro		ikyi I	423031-
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	ESS (Please provide only one e	-mail address)		
(Check if address	johndavid	hal eahal & u	Isa.co	ml
is changed)	johnhale?	225@yahooC		
COMMITTEE'S WEB PAGE AD	DDRESS (URL)			
(Check if address is changed)	haireusacio	m.com		
2. DATE 00 'C		•.		
3. FEC IDENTIFICATION N	NUMBER C	proceed parameter parameter samulgamenter parameter para		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	i- <u>-</u> .	· .
I certify that I have examined	this Statement and to the best	t of my knowledge and belief i	t is true, correct	and complete.
Type or Print Name of Treasur	John Da	vid Hale	· · · · · · · · · · · · · · · · · · ·	
Signature of Treasurer	HA	· · · · · · · · · · · · · · · · · · ·	Date O.G	101/2013
NOTE: Submission of false, error		may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use		For further information of Federal Election Commiss		FEC FORM 1

Toll Free 800-424-9530 Local 202-694-1100

P	20	عا	2
г	au		-

2015
Ö
0
Õ Ž
0000
15059

		OMMITTEE		
Car	ididale	Committee:		
(a)	V	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.)		
Nam Can	ne of didate	John David Hale		
	didate y Affiliatio	on Lipertarian Office Senate President District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	ie of didate			
Par	ty Com	nmittee:		
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.		
Poli	itical A	ction 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)		
		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	Iraising Representative:		
(g)	3	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.		
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.			
	4.	FEC ID number		

Γ			\neg
FEC Form 1 (Rev	ised 02/2009)		Page 3
Write or Type Committee	Name		
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fu	undraising Representative, or Lea	dership PAC Sponsor
	<u> </u>		
Mailing Address			
			1-1 1
	CITY	STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records books and records.	: Identify by name, address (phone number opt	ional) and position of the person i	n possession of committee
Full Name	hn Pavid Hale	<u> </u>	
Mailing Address	926 Pepper Tice	e In. Apit.	<u>C </u>
	Owensbioino		2303-L
Title or Position	CITY	STATE	ZIP CODE
Tireasiure	21/	Telephone number 2.70	-H.89-8570
	ne and address (phone number optional) of the e.g., assistant treasurer).	treasurer of the committee; and the	ne name and address of
Full Name of Treasurer	nn David Hale		
Mailing Address	926 Pepper Tre	e In. Apt.	<u>.</u>
	Owens bord	KIY H	23.03-
Title or Position		270	
Ureasure	<u></u>	Telephone number	-H1851-B15,70

20-5-10-00-0M-0002M000

a	ae	4

Full Name of Designated Agent	John David Have		
Mailing Address	926 Pepper Tree Ln	· Apt	e C
		<u> </u>	
	Owensboro city	STATE	42303-L ZIP CODE
Title or Position			•
Treasi	<u>Urler VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</u>	number 27	10-485-13570
safety deposit b	r Depositories: List all banks or other depositories in which the comoxes or maintains funds.	mittee deposits	funds, holds accounts, rents
Name of Bank,	Depository, etc.		,
	Evansiville Teachers Fe	derail	Credit Uniton
Mailing Address	11.100 W. Buena Vista	•	
	Evansville	III	47710-
•	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.	<u></u>	
			1
Mailing Address			
	CITY	STATE	ZIP CODE

John Hole Apt. C 926 Repertree Ln. Apt. C Owensboro, KY 42303

RECEIVED
FEC MAIL CENTER
2015 OCT -6 AM 6: 55

Federal Election Commission 999 E Street, NW, Washington, DC 20463

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

The PEC added this page to the end of this filling to inc	
Hand Delivered	Date of Receipt
Postmarked	Date of Receipt
USPS First Class Mail	10/6/15
	Postmarked (R/C)
USPS Registered/Certified	
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bu	usiness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date (Specify):	e of Receipt or Postmarked
	while
PREPARER	79/6//3 DATE PREPARED
(3/2015)	SAILTALLAND