

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Christy McLaughlin for Congress

ADDRESS (number and street)

1313 W Boynton Beach Blvd

☐ (Check if address is changed)

STE 1B #426

Boynton Beach

CITY ▲

FL

STATE ▲

33426

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

christy@christyforcongress.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

christyforcongress.com

2. DATE

MM / DD / YYYY
02 / 16 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00805374

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 McLaughlin, Hugh, , ,

Signature of Treasurer McLaughlin, Hugh, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 12 / 2022

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

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 McLaughlin, Christy, , ,

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.	<u></u>	FEC ID number	C
2.	<u></u>	FEC ID number	C
3.	<u></u>	FEC ID number	C
4.	<u></u>	FEC ID number	C

Write or Type Committee Name

Christy McLaughlin for Congress**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

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

McLaughlin, Christy, , ,

Mailing Address

1313 W Boynton Beach Blvd

STE 1B #426

Boynton Beach

FL

33426

Title or Position

CITY

STATE

ZIP CODE

Candidate/Custodian

Telephone number

239

330

2475

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

McLaughlin, Hugh, , ,

Mailing Address

10661 Airport Pulling

Suite 9

Naples

FL

34109

Title or Position

CITY

STATE

ZIP CODE

Telephone number

239

330

2475

Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

Lake Michigan Credit Union

Mailing Address

2470 Immokalee Road

Naples

FL

34109

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE