FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (In full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

BACON EXPLORATORY Committee

ADDRESS (number and street) PO Box 3237 North Conway, NH 03860 (MAILING)
34 Main Street, Suite 22 (physical)

☐ (Check if address is changed)

CITY ▲ Conway STATE ▲ NH ZIP CODE ▲ 03813-

COMMITTEE'S E-MAIL ADDRESS
CAMPAIGN@danielbacon.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.baconforpresident.com

COMMITTEE'S FAX NUMBER
603-447-4200

2. DATE 10 20 2007

3. FEC IDENTIFICATION NUMBER ▶ C to be Assigned

4. IS THIS STATEMENT X 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 Daniel A. Bacon

Signature of Treasurer Daniel Avery Bacon Date 10 20 2007

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 Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(a) [X] 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: Daniel AVERY BACON

Candidate Party Affiliation: IND

Office Sought: [ ] House [ ] Senate [X] President

State:

District:

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

(d) [ ] This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) [ ] This committee is a separate segregated fund.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

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6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name
BACON Exploratory Committee

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: Daniel AVERY BACON

Mailing Address: PO BOX 866

North Conway | NH | 03860-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

CANDIDATE

Telephone number: 603-939-2013

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: Daniel AVERY BACON

Mailing Address: PO BOX 866

North Conway | NH | 03860-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Candidate

Telephone number: 603-939-2013

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: - -

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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.

Northway BANK

Mailing Address 9 main street

PO Box 9

Berlin NH 03570-0009

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
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PREPARER	11/5/07 DATE PREPARED

(3/2005)

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