Dear David Garr,

16 JUN 27 PM 12: 23

I inadvertently filed the Statement of Organization initially as electronic with the FEC. I realized I needed to file manually with the Secretary of the Senate and filed that correctly with them. I have resubmitted the enclosed amended copy via the Secretary of the Senate per our conversation and hope this is all correct. Very grateful for your assistance and sorry for any confusion. Please contact me at 843-209-9784 or email me at <a href="mailto:eric344@aol.com">eric344@aol.com</a> if you have any question. Thank you.

Sincerely,

Eric Michael Conklin

Ein Murrel Contier

16 JUN 27 PM 12: 23

FEC FORM 1		ORGANIZA			Office Use Only
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, over the lines.	type 12FE4M5	
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ADDRESS (number a	and street)	283,9,6, E.	50 NOT	h Road	
(Check if a ls changed		Le.107	<u> </u>		61,752-
			CITY	STATE	ZIP CODE
COMMITTEE'S E-M	AIL ADDRE	SS (Please provide only one e	e-mail address)		
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(Check if is change	l address ed)	eric3440	rol. COM	111111	1111111
COMMITTEE'S WE	B PAGE AD	DRESS (URL)			
(Check if is change	address ed)				
2. DATE O	å j	8 2016			
3. FEC IDENTIF	ICATION N	UMBER C 0	0061504	7	
4. IS THIS STATI	EMENT [	NEW (N) OR	AMENDE	ED (A)	
I certify that I have	examined	this Statement and to the be	st of my knowledge an	d belief it is true, correc	ct and complete.
		er Eric Mic	chael Co	ONKLIN	
Type or Print Name		En Me			6 18 2016
NOTE: Submission of	of false, error	neous, or incomplete information	n may subject the perso	n signing this Statement ORTED WITHIN 10 DAY	to the penalties of 2 U.S.C. §437g. S.
Office Use Only			For further int Federal Electio Toll Free 800-4 Local 202-694-	24-9530	FEC FORM 1 (Revised 02/2009)

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	FEC For	n 1 (Hevised 02/2009)
5.	TYPE OF CO	
	Candidate	Committee:
	(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	E.r.i.c. MIChael ConKLIP
	Candidate	State I
	Party Affiliation	I////     III   XI Consto     Prosident
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate	
		The state of the s
	Party Com	(National State (Democratic,
	(d)	This committee is a or subordinate) committee of the Republican, etc.) Party.
	Political A	ction Committee (PAC):
	🗂	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
	(e)	I abor Organization
		Corporation Connective
		Membership Organization
		In addition, this committee is a Lobbyist/Registrant PAC.
	(n 📗	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.)
		The state of the s
	Joint Fund	draising 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 fundralsing expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Con	nmittees Participating in Joint Fundraiser
	001	
	1.	
	2.	FEC ID number C
	3.	FEC ID number C
	4.	FEC ID number C

Mailing Address  CITY  STATE  ZIP CODE  Relationship: Connected Organization  Affillated Committee  Joint Fundraising Representative  Leadership PAC Sport  7. Custodian of Records: Identity by name, address (phone number – optional) and position of the person in possession of commit books and records.  Full Name  E. F. I. C. M. C. h. a. e. J. C. p. K. J. P.  Mailing Address  2,8,3,9,6, E. J. 5,0, No f.1 h. R. o. a.d.  L. C. P. O. J. C. J. S. J. S																				
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spor  7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of commit books and records.  Full Name Estimate Address 2,83,9,6, Estimate Address Page 4,15,0, Page 4,17,15,0, Page 4,		Mailing Address			11	1			11			1								$\Box$
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books and records.  Full Name		Relationship:	Connected	Organizati	on [	Affiliat	ed Com	ımittee		oint F	undra	aising	Repr	esent	ative		_eade	rship I	PAC S	pon
books and records.  Full Name				_																
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	8.	Treasurer: List the	e name and	address	(phone	numb		otional)	of the	treas	urer	of the	э соп	mitte	e; and	the	nam	e and	addres	
any designated agent (e.g., assistant treasurer).	8.	Treasurer: List the	e name and gent (e.g., a	address ssistant tr	(phone easure	numb ir).	er – op													
Full Name  E.T.I.C. MI.C.h.o.e.I. Co.n.K.L.I.D.	8.	Treasurer: List the	e name and gent (e.g., a	address ssistant tr	(phone easure	numb	er – op	.O.1	, K, Z	11	<b>7</b>	_1	<u> </u>	1	<u>  [</u>		<u>                                       </u>			
	8.	Treasurer: List the any designated ag Full Name of Treasurer	e name and gent (e.g., a	address ssistant tr	(phone easure	numb	er – op	.O.1	, K, Z	11	<b>7</b>	_1	<u> </u>	1	<u>  [</u>		<u>                                       </u>			
Full Name of Treasurer E.T. I.C. MIChael, Conk.L.I.D. Rood	8.	Treasurer: List the any designated ag Full Name of Treasurer	e name and gent (e.g., a	address ssistant tr	(phone easure	numb	er – op	.O.1	, K, Z	11	<b>7</b>	_1	<u> </u>	1	<u>  [</u>		<u>                                       </u>			
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Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

FEC Form 1 (Revised 02/2009)

CONKLINY Senate

Write or Type Committee Name

Page 3

	CITY	STATE	ZIP CODE		
Title or Position	700 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone number 89	3-1209-197		
Banks or Other safety deposit be	Depositories: List all banks or other depositories in whoxes or maintains funds.	nich the committee deposits fu	nds, holds accounts, rent		
Name of Bank,	Depository, etc.				
	Blooming Ton Normal	(COMMUNITY	Bapt		
	2897 E. EMPISE	57.			
Mailing Address					
	<u> </u>		61709		
	Blooming Ton	III II	01/10/1-		
	СІТҮ	STATE	ZIP CODE		
Name of Bank,	Depository, etc.				
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Mailing Address	1	<u>, , , , , , , , , , , , , , , , , , , </u>			
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	CITY	STATE	ZIP CODE		

Eric Michael CONKINA

28396 E. 150 NOVIL ROAD

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FEC Form 1 (Revised 02/2009)

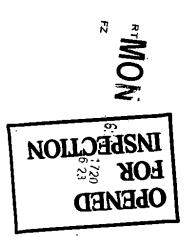
Full Name of Designated

Mailing Address

Agent

Page 4

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HART SENATE OFFICE BUILDING SUITE 232

WASHINGTION, DC 20510-7116

## United States Senate

OFFICE OF THE SECRETARY

PHONE(202) 224-0322

OFFICE-OF PUBLIC RECORDS

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