

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.


NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

|  |  |  |  | For further Information contact: <br> Federal Election Commission <br> Toll Free $800-424-9530$ <br> Local 202-694-1100 | FEC FORM 1 <br> Use <br> Only |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## 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 committeè．（Complete the candidate information below．）
$\qquad$


Name of Candidate

Candidate Party Affiliation
 This committee supports／opposes only one candidate，and is NOT an authorized committee．

## Name of

 Candidate
## Party Committee：

（d）

（Natiónal，State $\quad \bar{r}$ ． or subordinate）committee of the

（Democratic， Republican，etc．）Party．

## Political Action Committee（PAC）：

（e）This committee is a separate segregated fund．（Identity connected organization on line 6．）Its connected organization is a：


In addition，this committee is a Lobbyist／Registrant PAC．
（i）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，

2. $\square$ FEC ID number Cl
3. $\square$ FEC ID number $C$
4. $\square$ FEC ID number $C$

Write or Type Committee Name
6. Name of Any Connected Organization, Affiliated Committee, Joint FundraIsing Representative, or Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee


Full Name
Mailing Address
SEAN ROBEAにな

$E_{1} D, W, A, L L$ $\square$ WW $9,9,0,0,81-19,6,1,0$

Title or Position CITY

STATE
ZIP CODE
$\angle C_{1} N D_{1} I_{1} D_{1} A_{1} T_{1} E_{1} \ldots \ldots \ldots \ldots \ldots$
Telephone number

$\qquad$ -J
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 (egg., assistant treasurer).

Full Name of Treasurer

$$
S E A_{N} R_{0}, B_{1} E_{1} R_{1} T_{1}, C_{1} L_{1}, N C_{1} H
$$

Mailing Address $U 4,1, O_{L}$ SLICES APPLE WI AI $\mid$

Title or Position
$G A N, D_{1} I_{1} D_{1} A T_{1} E_{\ldots} \ldots \ldots \ldots \ldots \ldots \ldots$

| Full Name of Designated Agent | $\mid$ |
| :---: | :---: |
| Mailing Address | ل\| |
|  |  |
|  |  |

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.


Name of Bank, Depository, etc.





