Image# 10990409132

FEC

STATEMENT OF

| FORM 1 | ORGANIZATION | | |
|-------------------------------|---|---|---|
| 1 Ottown 1 | (See instructions) | | Office use only |
| NAME OF COMMITTEE (in f | (Check if name Example: If ty over the lines | | |
| Richard Lake f | or Congress | | |
| | | | |
| ADDRESS (number and s | rreet) 7005 N Maple Ave | | |
| (Check if address | Sujte 101 | | |
| is changed) | Fresno | CA) | 93720 - |
| | CITY▲ | STATE▲ | ZIP CODE 📥 |
| COMMITTEE'S E-MAI | _ ADDRESS (Please provide only one e-mail address) | | |
| (Check if address is changed) | info@lakeforcongress.com | | |
| is onangos, | | | |
| COMMITTEE'S WEB I | PAGE ADDRESS (URL) | | |
| (Check if address | www.lakeforcongress.com | | |
| is changed) | | | |
| | | | |
| 2. DATE 0.3 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| 3. FEC IDENTIFICA | TION NUMBER C C00473595 | 5 | |
| 4. IS THIS STATEM | ENT X NEW (N) OR AM | ENDED (A) | |
| I certify that I have examin | ned this Statement and to the best of my knowledge and belief it | is true, correct and complete | |
| | , , | то нее дене | |
| Type or Print Name of | Treasurer Terrance Bradley | | |
| Signature of Treasurer | Electronically Filed by Terrance Bradley | Date 0 3 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of fals | se, erroneous, or incomplete information may subject the person ANY CHANGE IN INFORMATION SHOULD BE | | |
| Office Use Only | Federal E | her information contact: Election Commission 800-424-9530 | FEC FORM 1 (Revised 02/2009) |

| FEC | Form 1 (Revised 02/2009) | Page 2 | | | | |
|---|--|---|--|--|--|--|
| 5. TYPE OF C | OMMITTEE (Check One) 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 | Richard D G Lake | | | | | |
| Candidate Party Affiliat | ion REP Office X House Senate President | State CA District 20 | | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Name of Candidate | | | | | | |
| Party Com | | | | | | |
| (d) | (National, State This committee is a (or subordinate) committee of the | (Democratic, Republican,etc.) Party. | | | | |
| Political Ac | tion Committee (PAC): | | | | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne | cted 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 segregate committee. (i.e., nonconnected committee) | ated fund or party | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | |
| | | | | | | |
| | aising Representative: | | | | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political | | | | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political | | | | |
| Con | nmittees Participating in Joint Fundraiser | | | | | |
| | 1. FEC ID number | | | | | |
| | 2. FEC ID number | | | | | |
| | 3. FEC ID number | | | | | |
| | 4. FEC ID number C | | | | | |

| FEC Form 1 (Revised 02 | 2/2009) | | | Page 3 | | |
|------------------------------|--|------------------------------|---------------|------------------------|--|--|
| Write or Type Committee Name | | | | | | |
| Richard Lake for Congr | ress | | | | | |
| 6. Name of Any Connected Org | ganization, Affiliated Committee, | Joint Fundraising Representa | tive, or Le | adership PAC Sponsor | | |
| | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY | S. | TATE 🛋 | ZIP CODE | | |
| Relationship: | _ | _ | | | | |
| Connected Organization | Affiliated Committee | Joint Fundraising Repres | entative | Leadership PAC Sponsor | | |
| possession of Committee | Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. | | | | | |
| Full Name Terran | ce Bradley | | | | | |
| Mailing Address | 7005 N Maple A | ve | | | | |
| | Suite 101 | | | | | |
| | Fresno | | CA | 93720 | | |
| Title or Position ♥ | CITY A | s | TATE. | ZIP CODE A | | |
| Treasurer | | Telephone numbe | er <u>559</u> | | | |
| name and address of any | and address (phone number v designated agent (e.g., assist | | f the com | mittee; and the | | |
| Mailing Address | 7005 N Maple A | lve | | | | |
| | Suite 101 | | | | | |
| | Fresno | | CA | 93720 – | | |
| Title or Position ▼ | CITY 🛦 | s | TATE | ZIP CODE A | | |
| | | Telephone numbe | 559 | _ 323 _ 9000 | | |

| FEC Form 1 (Revised 02/2009) | | | | Page 4 | | |
|--|-------------------------------------|--------------------|------------------|-----------------|---------------|--|
| | Full Name of Designated Agent | Adam Ba | ay | | | |
| | Mailing Address | | 7005 N Maple Ave | | | |
| | | | Suite 101 | | | |
| | | | Fresno | CA | 93720 – | |
| | Title or Position ▼ | | CITY A | STATE A | ZIP CODE A | |
| | A | ssistant Treasurer | Т | elephone 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. Security First Bank | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | Fresno | | CA L | 93726 _ [_ | |
| | | | CITY 🗖 | STATE △ | ZIP CODE 🛕 | |
| | Name of Bank, De | pository, etc. | | | | |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | | | CITY 🔼 | STATE ⊿ | ZIP CODE 🛕 | |