

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2019 MAY 17 AM 11:06
Office Use Only

NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Neal Gale for US Senate

ADDRESS (number and street)

1919 Melrose Ave

(Check if address is changed)

Elkins Park

CITY ▲

PA

STATE ▲

19027

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

nealgaleforussenate@yahoo.com

Optional Second E-Mail Address

None

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

Gale2018.com

2. DATE

04/04/2018

3. FEC IDENTIFICATION NUMBER ►

C

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

EMILY COOK

Signature of Treasurer

Emily Cook

Date

04/12/2018

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.

Office Use Only

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

FEC 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 Neal Gale

Candidate Party Affiliation GRE Office Sought: House Senate President State PA 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. | _____ | FEC ID number | <u>C</u> |
| 2. | _____ | FEC ID number | <u>C</u> |
| 3. | _____ | FEC ID number | <u>C</u> |
| 4. | _____ | FEC ID number | <u>C</u> |

2

| | | | |
|--|---------------------------------|--|--|
| 2214 JENKINTOWN RD. | | FEC Candidate Identification Number | |
| (c) City, State, and ZIP Code GLENBIDE PA 19038 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | |
| 4. Party Affiliation GREEN | 5. Office Sought U.S. SENATE | 6. State & District of Candidate PA | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
NEAL GALE FOR US SENATE

(b) Address (number and street)
1019 MELROSE AVE

(c) City, State, and ZIP Code
EUKINS PARK, PA 19027

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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

| | |
|--|-----------------|
| Signature of Candidate  | Date 4/15/18 |
|--|-----------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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

None

Mailing Address

[Grid lines for 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

[Grid lines for name]

Mailing Address

[Grid lines for address]

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

[Grid lines for phone number]

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

EMILY COOK

Mailing Address

11019 MELROSE AVE
ELKINS PARK PA 19027

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

[Grid lines for phone number]

NOT FOR DISTRIBUTION TO BE RETURNED TO

Full Name of Designated Agent

BRIAN OSTRANDER

Mailing Address

1107 BELMONT AVE

AMBLER

CITY

PA

STATE

19002

ZIP CODE

Title or Position

ASSISTANT TREASURER

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.

AMBLEGG SAVINGS BANK

Mailing Address

155 EAST BUTLER AVE

PO BOX 210

AMBLER

CITY

PA

STATE

19002

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2025 RELEASE UNDER E.O. 14176

COOK
BUREAU
OFFICE FOR U.S. SENATE
WELLCOME AVE.
WT. PARK, PA 19027



U.S. POSTAGE PAID
FCM LG ENV
ELKINS PARK, PA
19027
MAY 15, 19
AMOUNT
\$6.30
R2305H128093-14



20463



1000

FEDERAL ELECTION COMMISSION
1050 1st ST. N.E.
WASH /INGTON, DC

20463

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked Date of Receipt |
| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 5/15/19 |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

EP
 PREPARER
 (3/2015)

5/17/19
 DATE PREPARED

NOT FOR FILING WITH DOCUMENT