

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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2012 AUG 3 AM 9:01

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

BOISCLAIR FOR CONGRESS

ADDRESS (number and street)

1101 Cantwell COURT

(Check if address
is changed)

PURGITSVILLE

CITY ▲

WV

STATE ▲

26852-0317

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

MEDIA@GARYINTHEHOUSE.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

WWW.GARYINTHEHOUSE.COM

2. DATE

07 ' 18 ' 2012

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

Teresa CMGee

Signature of Treasurer

Teresa CMGee

Date

07 ' 18 ' 2012

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 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

GARY E BOISCLAIR

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

MN

District

05

- (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 | C |
| 2. | ☐ | FEC ID number | C |
| 3. | ☐ | FEC ID number | C |
| 4. | ☐ | FEC ID number | C |

12030871149

Write or Type Committee Name

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

Mailing 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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

BOOKKEEPER

Telephone number

304-289-1349.3

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

304-289-1349.3

12030871150

Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

12030871151

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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☐ Received from House Records & Registration Office

Date of Receipt

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Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt

☐ Other (Specify):

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PREPARER
(3/2005)

8/3/12
DATE PREPARED

12030871152