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2014 MAR 13 AM 8:00

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FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

Bruce Anderson for Congress

ADDRESS (number and street)

2921 Waverley Street

☐(Check if address  
is changed)

Palo Alto

CA

94306

-2441

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

bruce.g.anderson@gmail.com

☐(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

NA

☐(Check if address  
is changed)

2. DATE

3 / 8 / 2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

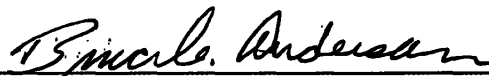
AMENDED (A)

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

Bruce G. Anderson

Signature of Treasurer



Date

3 / 8 / 2014

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 02/2009)

14031194198

## 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

Bruce Anderson

Candidate  
Party Affiliation

rep

Office  
Sought:

House



Senate



President

State

CA

District

18

- (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:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> 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. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

14031194199

Write or Type Committee Name

Bruce Anderson for Congress

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

none

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

Bruce Gordon Anderson

Mailing Address

2921 Waverley Street

Palo Alto

CA

94306

2441

Title or Position

CITY

STATE

ZIP CODE

treasurer

Telephone number

650

327

0762

## 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

Bruce Gordon Anderson

Mailing Address

2921 Waverley Street

Palo Alto

CA

94306

2441

Title or Position

CITY

STATE

ZIP CODE

candidate

Telephone number

650

327

0762

Full Name of  
Designated  
Agent

none

Mailing Address

CITY

STATE

ZIP CODE

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.

Citibank

Mailing Address

2401 El Camino Real

Palo Alto

CA

94306

-2441

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

none

Mailing Address

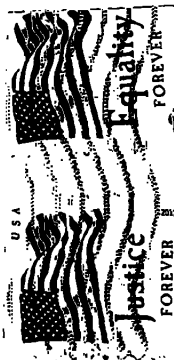
CITY

STATE

ZIP CODE

14031194201

14031194202



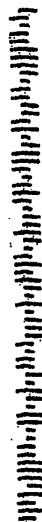
SAN FRANCISCO CA 94111

US MAIL PERMIT NO 1

B. Anderson  
2921 Waverley St.  
Palo Alto, CA 94306

RECEIVED  
2014 MAR 13 AM 8:00  
FEC MAIL CENTER

Federal Election Commission  
999 E Street NW  
Washington, D.C. 20463



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.

☐

Hand Delivered

Date of Receipt

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USPS First Class Mail

Postmarked

3/8/14

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USPS Priority Mail

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USPS Priority Mail Express

Postmarked

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Postmark Illegible

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No Postmark

☐

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

☐☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

*g*

PREPARER  
(8/2013)

3/13/14

DATE PREPARED

14031194203