

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Committee to Elect Craig A. Nordal for Congress, LLC

ADDRESS (number and street) 7543 Gibraltar Street  
 (Check if address is changed) Unit #100  
Carlsbad CA 92009  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) craiganordal@gmail.com  
Optional Second E-Mail Address nordalappraisal@cox.net

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed) www.NordalforCongress.com

2. DATE 02 / 02 / 2018

3. FEC IDENTIFICATION NUMBER C C00672055

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 Nordal, Lori, Dawn, ,

Signature of Treasurer Nordal, Lori, Dawn, , [Electronically Filed] Date 03 / 09 / 2018

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.

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 Nordal, Craig, A, ,

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  CA  District  49

- (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 \_\_\_\_\_

Write or Type Committee Name

# Committee to Elect Craig A. Nordal for Congress, LLC

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 Nordal, Lori, Dawn, ,

Mailing Address 7543 Gibraltar Street

Unit #100

Carslbad CA 92009

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 760 632 0150

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 Nordal, Lori, Dawn, ,

Mailing Address 7543 Gibraltar Street

Unit #100

Carslbad CA 92009

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 760 632 0150

Full Name of Designated Agent Nordal, Craig, Arthur, ,

Mailing Address 7543 Gibraltar Street Unit #100 Carlsbad CA 92009 CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 760 632 0150

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.

Bank of America Financial Center

Mailing Address La Costa Town Square 3428 Via Mercato Carlsbad CA 92009 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE