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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

DUCKWALD FOR PRESIDENT

ADDRESS (number and street)

P.O. BOX 1114

(Check if address is changed)

KPCUST, GRAVIE

CITY ▲

OK

STATE ▲

74352

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

DUCKWALDFORPRESIDENT@YAHOO.COM

Optional Second E-Mail Address

duckwaldforpresident@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://duckwaldforpresident.mix.com

My Site

2. DATE 12 / 25 / 2016

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 PATRICK HENRY DAVID DUCKWALD

Signature of Treasurer *Patrick Henry Duckwald*

Date 12 / 25 / 2016

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.

NON-FOR-CONFIDENTIAL

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 WANDA D. C. K. W. I. L. D.

Candidate Party Affiliation \_\_\_\_\_ Office Sought: \_\_\_\_\_ House \_\_\_\_\_ Senate \_\_\_\_\_  President \_\_\_\_\_ State \_\_\_\_\_ 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
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

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Write or Type Committee Name

DUCKWALD FOR PRESIDENT

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

PATRICK HENRY DAVID DUCKWALD

Mailing Address

PO Box 1174  
Harold Andrews Bldg  
Lacust Grove

OK

74352

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

918-418-2032

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

PATRICK HENRY DAVID DUCKWALD

Mailing Address

PO Box 1174  
198 Harold Andrews Bldg  
Lacust Grove

OK

74352

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

918-418-2032

NON-PROFIT ORGANIZATION

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 4]

[Empty grid for Mailing Address line 5]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

RED CROWN CREDIT UNION

Mailing Address

119 ROWE ST.

[Empty grid for Mailing Address line 2]

PRYOR

OK

74361

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Faint handwritten text]

Mailing Address

[Faint handwritten address]

[Faint handwritten address line 2]

[Faint handwritten address]

[Faint handwritten address]

[Faint handwritten address]

CITY

STATE

ZIP CODE

NON-PROFIT ORGANIZATION

NON-PROFIT ORGANIZATION

999 E ST NW  
WASHINGTON DC  
20463



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999 E. STREET NW  
WASHINGTON DC  
20463

Federal Election Commission  
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input checked="" 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	

PREPARER  
(3/2015)



1/19/17  
DATE PREPARED

NON-PROFIT ORGANIZATION