STATEMENT OF

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FEC FORM 1			DRGAN		_							Office	Use (Only			
1. NAME OF COMMITTEE (in	full)	П	(Check if name is changed)		ample:If ty		ype	[12F	'E 4	М5						
Terry Dale	,	ngre					1 1	_									
																	Ш
ADDRESS (number a	nd street)	1451 0	Quail Street Suite	110													Ш
(Check if a is changed		Newno	ort Beach						CA			92660					Ш
			CITY A					;	STAT	_ E _	Ľ			 ZIP C	ODE	A	
COMMITTEE'S E-MA	AIL ADDRES	SS															
(Check if a is changed		info@	campaign-co	mpliance.	com												
		Optiona	al Second E-Ma	il Address													
																	Ш
COMMITTEE'S WEB (Check if a is changed	address	•	URL) errydaleforcongre	ss.com													
2. DATE 0		D / Y	2021														
3. FEC IDENTIFIC	CATION NU	MBER	▶ C	C007846	86												
4. IS THIS STATEM	MENT X	NE	W (N) OI	R	АМ	ENDED) (A)										
I certify that I have e	examined thi	is Staten	nent and to the	best of my	knowledg	e and l	belief	it is	true,	corr	ect a	ınd co	omple	te.			
Type or Print Name	of Treasurer	Slater	, Jen, , ,														
Signature of Treasure	er <i>Slater</i> ,	Jen, , ,			[Electron	ically Fi	led]	Da	ate	IV	07	/	15	/)21	Y
NOTE: Submission of			ncomplete informa									he pe	nalties	 s of 2	U.S.C). §43	- 37g.
Office Use Only					For furth Federal E Toll Free Local 202	lection C 800-424-	Commis -9530		nct:						RM (2012)		

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		OMMITTEE • Committee:	
(a)	x	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. (Cor	nplete the candidate
Name Canc	e of lidate	information below.) Dale, Terry, , ,	
	lidate ⁄ Affiliati	on REP Office Sought: X House Senate President	State CA District 45
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name	e of lidate		
Part	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

1		
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Write or Type Committee Name		
Terry Dale for C	Congress	
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
_		_
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representa	Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	tify by name, address (phone number optional) and position of the po	erson in possession of committee
Slater, Jen	,,,	
Full Name	9070 Irvine Center Dr #150	
Mailing Address		
	Irvine CA	92618
Title or Position	CITY STATE	ZIP CODE
	Telephone number	949 - 858 - 7448
8. Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
Full Name Slater, Jen	,, 	
Mailing Address	9070 Irvine Center Dr #150	
	Irvine CA	92618
	CITY STATE	ZIP CODE
Title or Position		949 858 7448
1	Telephone number	

1 LO 1 011	n 1 (Revised 02/	2009)				Page 4
Full Name of Designated	1					
Agent						
Mailing Address						
		CITY		L		ZIP CODE
Title or Position		CITY		STATE	•	ZIP CODE
			Telephone r	number		
Banks or Other safety deposit be Name of Bank,	oxes or maintains Depository, etc.	funds.				
safety deposit be	Depository, etc. Bank of An	funds.				
safety deposit be Name of Bank,	Depository, etc. Bank of An	funds.				
safety deposit be Name of Bank,	Depository, etc. Bank of An	funds. nerica Fechnology		CA L	92618	
safety deposit be Name of Bank,	Depository, etc. Bank of An 67	funds. nerica Fechnology		CA STATE		ZIP CODE
safety deposit be Name of Bank,	Depository, etc. Bank of An 67	funds. nerica Fechnology				ZIP CODE
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Safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of An 67 Irvi Depository, etc.	funds. nerica Fechnology ne CITY		STATE		