PAGE 1/4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Dennis Duncan For Congress PO Box 1412 ADDRESS (number and street) (Check if address is changed) Paradise 95967 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dennis4district01@gmail.com (Check if address is changed) Optional Second E-Mail Address lawsocwrk@aol.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00635961 FEC IDENTIFICATION NUMBER > 3. X 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. Merrell, Jenni, , Ms., Type or Print Name of Treasurer Merrell, Jenni, , Ms., [Electronically Filed] 26 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page <b>2</b>
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. (Complet information below.)	e the candidate
Name of Candidate Duncan, Dennis, Dean, Mr.,	
Candidate Office	State
Party Affiliation DEM Sought: X House Senate President	District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
· · · · · · · · · · · · · · · · · · ·	mocratic, publican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:
Corporation Corporation w/o Capital Stock	abor Organization
Membership Organization Trade Association Co	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number C	
3. FEC ID number C	
4.	

FEC Form 1 (Revi		Page 3
Write or Type Committee		
	an For Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
J		
	CITY STATE	ZIP CODE
Deletionship	Affiliated Committee   Delint Foundation   Democratation	Loodership DAC Spanso
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
<ul><li>Custodian of Records: books and records.</li></ul>	: Identify by name, address (phone number optional) and position of the person	in possession of committee
Merre	ell, Jenni, , Ms.,	
Full Name	,3120 Cohassett, Ste 8	
Mailing Address		
	Chico CA 95	5973 
Title or Position	CITY STATE	ZIP CODE
<sub>I</sub> Treasurer	, 530	, , 321 <sub>  1</sub> 2498
	Telephone number	]-[
3. <b>Treasurer:</b> List the nam	ne and address (phone number optional) of the treasurer of the committee; and	the name and address of
any designated agent (e	e.g., assistant treasurer).	
Full Name Merre of Treasurer	ell, Jenni, , Ms.,	
Mailing Address	3120 Cohassett, Ste 8	
	Chico	973
Title or Position	CITY STATE	ZIP CODE
Treasurer		321 2498

FEC Forr	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Duncan, Linnea, Ann, ,	
Mailing Address	P.O. Box 1412	
	Paradise CA 95967	
Title or Position  I Assistant Treas		IP CODE
Assistant 116as	irer Telephone number 530 - 32	21 - 6996
Mailing Address	Bank of America 6295 Skyway	
	Paradise CA 95969	
	CITY STATE Z	IP CODE
Name of Bank,		IP CODE
Name of Bank,		IP CODE
Name of Bank, Mailing Address	Depository, etc.	IP CODE
	Depository, etc.	IP CODE
	Depository, etc.	IP CODE