FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **Bacon for Congress** PO Box 297761 ADDRESS (number and street) (Check if address is changed) Columbus 43229 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2018 C00664821 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. Martin, Steven, G.,, Type or Print Name of Treasurer Martin, Steven, G.,, [Electronically Filed] 01 2018 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

Local 202-694-1100

	EC Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE idate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	1.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name (Candid		1 1 1 1 1 1 1
Candid Party A	late	State OH District 12
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candid		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 scommittee. (i.e., nonconnected committee)	segregated 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 I	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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.	
	Committees Participating in Joint Fundraiser	
	1.	
	2.	
	3.	
	4.	

Mrita or Tuna Camanitha Mi			
Write or Type Committee Nam			
Bacon for Con	gress		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative, or	Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponso
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the perso	on in possession of committee
Campaig	n, Financial Services, , ,		
Mailing Address	PO Box 30844		
Mailing Address			
	Bethesda	MD	20824
Title or Position	Bethesda	STATE	20824 ZIP CODE
Title or Position Custodian of Records	CITY		
Custodian of Records	CITY Tele nd address (phone number optional) of the treas	STATE ephone number	ZIP CODE - 654 - 3220
Custodian of Records Treasurer: List the name at any designated agent (e.g.,	CITY Tele nd address (phone number optional) of the treas	STATE ephone number	ZIP CODE - 654 - 3220
Custodian of Records Treasurer: List the name at any designated agent (e.g.,	CITY Tele nd address (phone number optional) of the treasures assistant treasurer).	STATE ephone number	ZIP CODE - 654 - 3220
Custodian of Records Treasurer: List the name at any designated agent (e.g., Full Name Martin, St of Treasurer	CITY Tele nd address (phone number optional) of the trease assistant treasurer). teven, G., ,	STATE ephone number	ZIP CODE - 654 - 3220
Custodian of Records Treasurer: List the name at any designated agent (e.g., Full Name Martin, St of Treasurer	CITY Tele nd address (phone number optional) of the trease assistant treasurer). teven, G., ,	STATE surer of the committee; an	ZIP CODE - 654 - 3220

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1.1
	Telephone number	
Name of Bank, Mailing Address	Wells Fargo Bank 7901 Wisconsin Avenue Bethesda MD 20814	
		[_1]
	CITY STATE	ZIP CODE
Name of Bank,		ZIP CODE
Name of Bank,		ZIP CODE
Name of Bank, Mailing Address	Depository, etc.	ZIP CODE
	Depository, etc.	ZIP CODE
	Depository, etc.	ZIP CODE