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. ATLAS PAC, FEDERAL 9458 TREELAKE RD. ADDRESS (number and street) (Check if address is changed) **GRANITE BAY** CA 95746 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address DAVIDBAUER60@HOTMAIL.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2024 C00425645 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. Type or Print Name of Treasurer BAUER, DAVID, , Date 05 03 2024 Signature of Treasurer BAUER, DAVID, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

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	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						
	Candidate Party Affiliation Office Sought: House Senate President	State				
(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 Republican,	•				
Political Action Committee (PAC):						
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:				
	Corporation Corporation w/o Capital Stock Labor Or	rganization				
	Membership Organization Trade Association Cooperate	tive				
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa 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.)					
	(g) This committee is an independent expenditure-only political committee (Super PAC).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint Fundraising Representative:					
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political				
	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. C					

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W	rite or Type Committee Name	DEDAL			
	ATLAS PAC, FE				
6.	-	ganization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leaders	ship PAC Sponsor	
	None				
	Mailing Address				
		Learner and a contract of the		[-] [
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization Joint Fundraisir	ng Representative	Leadership PAC Sponsor	
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position	of the person in possess	ion of committee	
	BAUER, DA	AVID, , ,			
	Full Name				
	Mailing Address	9458 TREELAKE RD			
		GRANITE BAY	CA 95746		
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				
	Custodian of Records	Telephone nu	mber 916	847 4783	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the ssistant treasurer).	e committee; and the na	ame and address of	
	Full Name BAUER, D.	AVID, , ,		1	
	of Treasurer	19458 TREELAKE RD			
	Mailing Address				
		GRANITE BAY	CA 95746		
		CITY A	STATE ▲	ZIP CODE ▲	
Title or Position ▼					
	Treasurer	Telephone nu	mber 916	847 - 4783	

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Full Name of Designated None, , Agent	,, 		
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Title of Fosition V		none number	
Banks or Other Depositor safety deposit boxes or m	pries: List all banks or other depositories in which the aintains funds.	committee deposits funds, ho	olds accounts, rents
Name of Bank, Depository	, etc.		
CALIF	ORNIA BANK AND TRUST		
Mailing Address	550 S. HOPE ST. #100		
	LOS ANGELES	CA 9007	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, etc.			
WELL	S FARGO		
Mailing Address	400 CAPITOL MALL		
	SACRAMENTO	CA 95814	
	CITY ▲	STATE ▲	ZIP CODE ▲