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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Yukong Zhao for Congress 1644 Anna Catherine Drive ADDRESS (number and street) (Check if address is changed) Orlando  $\mathsf{FL}$ 32828 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS yukong.zhao@gmail.com (Check if address is changed) Optional Second E-Mail Address chadwick@apdcorlando.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.YukongZhaoForCongress.com (Check if address is changed) DATE 2019 C00726596 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. Hardee, Chadwick, , , Type or Print Name of Treasurer Hardee, Chadwick, , , [Electronically Filed] 01 2020 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 inf	ormation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)	committee. (Complete the candidate
Name of Candidate Zhao, Yukong, , ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate	President State FL District 07
(c) This committee supports/opposes only one candidate, and is NOT an authorize	ed 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 of	on line 6.) Its connected organization is a
Corporation Corporation w/o Capital Stock	ck 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 NC committee. (i.e., nonconnected committee)	DT a separate 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	3.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses no committees/organizations, at least one of which is an authorized committee of a fe	
(h) This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, none of which is an authorized committee of a federal committee.	
Committees Participating in Joint Fundraiser	
1. FEC ID nun	nber C
2. FEC ID num	nber C
3.	nber C
4.	nber C

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Write or Type Committee Name	
Yukong Zhao for Congress	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Represen	stative Leadership PAC Sponsor
Relationship. Connected Organization Anniated Committee Sound Linux asing Representation	Leader Ship T AC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the books and records.</li> </ol>	person in possession of committee
Full Name	
Mailing Address	
Title or Position CITY STATE	ZIP CODE
Telephone number	
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committe any designated agent (e.g., assistant treasurer).</li> </ol>	e; and the name and address of
Full Name Hardee, Chadwick, , ,	1
of Treasurer	
Mailing Address	
Orlando FL	32827
CITY STATE Title or Position	ZIP CODE
Telephone number	407 - 572 - 4272

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Full Name of Designated Agent Cu	ımmings, Wenli, , ,		
Mailing Address	10600 Inside Loop		
	Orlando CITY	FL 3282 STATE	5 ZIP CODE
Title or Position Assistant Treasurer	Telephone numl	oer Lill-	
safety deposit boxes Name of Bank, Depo		e deposits funds, h	olds accounts, rents
	<sub>1</sub> 11800 Research Parkway		
Mailing Address			
	Orlando	FL 3282	6
		STATE	ZIP CODE
- Name of Bank, Depo	CITY		
Name of Bank, Depo	CITY		
Name of Bank, Depo	CITY etc.		
L	CITY etc.		
L	CITY etc.		