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FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 over the lines. COMMITTEE (in full) is changed) BIDLACK FOR CONGRESS ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER 06 2008 2. DATE C00447649 **FEC IDENTIFICATION NUMBER** A AMENDED (A) (to add Asst. Treasurer) OR. IS THIS STATEMENT NEW (N) 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 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437q. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use Toll Free 800-424-9530 (Revised 12/2007) Only Local 202-694-1100

		OMMITTEE
(a)	Y	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 Candi		HAL BIDLACK
Candidate Party Affiliation		on DEM Office State Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	nmittee:
(d)	÷.	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):
(e)	·	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
(f)	:	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Func	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
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8. Treasurer: Lis	et the name a	nd address (n	hone nu	mber	optio	nal) of	the tre	asurer	of the	com	mitte	ю: а	nd t	he na	me	and	addr	229	of
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Telephone number 17/91-1487-10957

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CITY

CITY

Name of Bank, Depository, etc.

FEC Form 1 (Revised 12/2007)

Mailing Address

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STATE

STATE

ZIP CODE

ZIP CODE

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Postmark Illegible								
No Postmark								
Overnight Delivery Service (Specify):	Shipping Date							
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Received from Senate Public Records Office	Date of Receipt							
Received from Electronic Filing Office	Date of Receipt							
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Imp.	8/28/18							
(3/2005)	DATE PREPARED							