Only

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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. Becker for Congress P. O. Box 7513 ADDRESS (number and street) (Check if address is changed) Clearwater 33758 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jjodoin@calcompliancellc.com (Check if address is changed) Optional Second E-Mail Address info@mattbecker.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.MattBecker.org (Check if address is changed) DATE 08 2020 C00712489 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. Jodoin, Jamie, C.,, Type or Print Name of Treasurer Jodoin, Jamie, C.,, [Electronically Filed] 04 16 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Nam		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	elete the candidate
	didate	Becker, Matt, , ,	
	didate / Affiliati	on REP Office Sought: X House Senate President	State FL District 13
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam	e of didate		
Par	ty Con	nmittee: (National, State	Democratic,
(d)		· · · ·	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	Δ		

Write or Type Committee Name Becker for Congress 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spote None City		Page 3																				9)	200)2/2	d C	/ised	Rev	1 (F	rm	C Fo	FE	
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Full Name of Designated		
Agent		
Mailing Address	s	
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Title or Position		2.11 0002
	Telephone number	
safety deposit l	er Depositories: List all banks or other depositories in which the committee deposits funds, boxes or maintains funds. Depository, etc.	
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