## CUQ-100 1 ------- CUST 1 QM 1 QQCUTOMOQ

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2018 NOV 29 PM 2: 05 Office Use Only

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	**) - 2	
Friends Of Nick Polce,	<u>LLC                                   </u>	<u> </u>			
			<del>                                      </del>	أحسيا	
ADDRESS (number and street)	672, West Main, Stree	et, , , , , , , , , , , , , , , , , , ,	<del></del>		
(Check if address is changed)	[#82]				
	Lake Geneva		[W  53147 STATE ▲	ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address is changed)	[polcenick@gmail.co	m , , , , , , , , , , , , , , , , , , ,	<del>                                      </del>		
	Optional Second E-Mail Add	ress	<del>                                      </del>		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)				
(Check if address is changed)					
			<del>                                      </del>		
2. DATE 11 20	2018				
3. FEC IDENTIFICATION NU	JMBER ▶ C 006	559755			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined the	is Statement and to the best	of my knowledge and belief i	t is true, correct and com	plete.	
Type or Print Name of Treasure	Nicholas Polce				
Signature of Treasurer	Mul D-/K		Date 11 20	2018	
NOTE: Submission of false, errore	eous, or incomplete information r			Ities of 52 U.S.C. §30109.	
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	sion FE	C FORM 1 vised 06/2012)	

1 201	offir (Nevised 02/2009)			
	COMMITTEE			
Candida	te Committee:			
(a) X	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	[Nick Polce ]			
Candidate Party Affilia	tion REP Office Sought: X House Senate President District 01			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Co	mmittee:			
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.			
Political	Action 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			
	In addition, this committee is a Lobbyist/Registrant PAC.			
(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 Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint Fun	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.			
Cor	nmittees Participating in Joint Fundraiser			
1.	FEC ID number C			
2.	FEC ID number: C			
3.	FEC ID number: C			
4.	FEC ID number C			

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Write or Type Committee Nam	ne	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
Mailing Address		
		, , ]-] , , ,
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in	cossession of committee
Full Name Nick P	olce	
Mailing Address	[672, West Main Street	
	[#49,1]	
	Lake Geneva [WI] 531	47
Title or Position	CITY STATE	ZIP CODE
Candidate	Telephone number	
<ol> <li>Treasurer: List the name at any designated agent (e.g.,</li> </ol>	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer Nichol	aş Polce	
Mailing Address	[672 West Main Street #491	
<b>-</b>	Lake Geneva WI 531	47,   -
Title or Position  Treasurer	Telephone number	

<b>!</b> .				
FEC Form 1 (Revis	sed 02/2009)	· · · · · · · · · · · · · · · · · · ·	Page 4	
	· · · · · · · · · · · · · · · · · · ·			
Full Name of				
Designated Agent				
Mailing Address				
	CITY	STATE	ZIP CODE	
Title or Position				
	<u>i i i i i i i i i i i i i i i i i i i </u>	phone number	l-L111-L1111	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.				
US B	<u>ANK, , , , , , , , , , , , , , , , , , , </u>			
Mailing Address	303 Center Street			
	Lake Geneva	ع للا لي	53147	
	CITY	STATE	ZIP CODE	
Name of Bank, Depository	ı, etc.			
i i				
Mailing Address	<del>                                      </del>			
Walling Address				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del> </del>		
	CITY	STATE	ZIP CODE	
<del></del>	<del></del>			

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\* Domestic only PICKUP AVAILABLE DATE OF DELIVERY SPECIFIED\* INSURANCE INCLUDED\* USPS TRACKING™ INCLUDED\* 9505 5127 7683 8328 2701 74

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GENEVA, WI OSTAGE PAID

20463

TO: FEDERAL BLECTIONS washington OC 20463 DSD FIRST STREET NE Comm, Hee

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No Postmark	,			
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	Next Business Day Delivery			
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Received from Senate Public Records Office	Date of Receipt e			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
al	1-29-18			
PREPARER (2/2015)	DATE PREPARED			
(3/2015)				