Only

## STATEMENT OF

PAGE 1 / 4

**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. Paul Kerr for Congress 330 Encinitas Blvd., Suite 101 ADDRESS (number and street) (Check if address is changed) **Encinitas** 92024 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nhaley@thinkcpa.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00650036 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. Haley, Nancy, , , Type or Print Name of Treasurer Haley, Nancy,,, [Electronically Filed] 07 2017 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

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
		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. (Compinformation below.)	olete the candidate
Nam Cand	e of didate	Kerr, Paul, , ,	
	didate / Affiliation	on DEM Office Sought: X House Senate President	State CA District 49
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	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)			progeted fund or porty
(f)	Ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund of 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 Fund	raising 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	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam	е	
Paul Kerr for C	ongress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person	in possession of committee
Haley, Na	ncy, , ,	
	330 Encinitas Blvd., Suite 101	
Mailing Address		
	Encinitas CA 92	024
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 760	- 632 - 3600
. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and t assistant treasurer).	he name and address of
Full Name Haley, Na	ncy, , ,	
of Treasurer	330 Encinitas Blvd., Suite 101	
Mailing Address		
		204
	Encinitas CA 921	
Title or Position , Treasurer	CITY STATE	ZIP CODE  1 632   3600

FEC Form	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	Stephen, Danielle, , ,	
Agent		
Mailing Address	330 Encinitas Blvd., Suite 101	
	Encinitas CA 92024	-
	CITY STATE ZIP	CODE
Title or Position Assistant Treas	rurer Telephone number 760 – 632	- 3600
		ccounts, rents
safety deposit be	Depository, etc.  Torrey Pines Bank ,2760 Gateway Road	ccounts, rents
safety deposit be Name of Bank,	Depository, etc.  Torrey Pines Bank ,2760 Gateway Road	ccounts, rents
safety deposit be Name of Bank,	Depository, etc.  Torrey Pines Bank ,2760 Gateway Road	ccounts, rents
safety deposit be Name of Bank,	Depository, etc.  Torrey Pines Bank  2760 Gateway Road  Carlsbad  CA 92009	counts, rents
safety deposit be Name of Bank,	Depository, etc.  Torrey Pines Bank  2760 Gateway Road  Carlsbad  CTY  CITY  STATE  ZIF	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Torrey Pines Bank  2760 Gateway Road  Carlsbad  CTY  CITY  STATE  ZIF	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Torrey Pines Bank  2760 Gateway Road  Carlsbad  CITY  STATE  ZIF  Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Torrey Pines Bank  2760 Gateway Road  Carlsbad  CITY  STATE  ZIF  Depository, etc.	
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