Only

PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. CRAIG A NORDAL COMMITTEE TO ELECT FOR CONGRESS 7543 Gibraltar Street ADDRESS (number and street) Unit #100 (Check if address is changed) Carlsbad 92009 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS craiganordal@gmail.com (Check if address is changed) Optional Second E-Mail Address nordalappraisal@cox.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.cnordalforcongress.com (Check if address is changed) DATE 02 2018 C00672063 FEC IDENTIFICATION NUMBER 3. 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. Nordal, Lori, Dawn, , Type or Print Name of Treasurer Nordal, Lori, Dawn, , [Electronically Filed] 03 03 2018 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

_		. (7)				
		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. (Complete the candidate information below.)				
Name Candi		Nordal, Craig, Arthur, ,				
Candid Party	date Affiliatio	on REP 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 Candid						
Party	y Con	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.			
Politi	ical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 se committee. (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.)				
Joint	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			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

FEC Form 1 (Revise			Page 3
Write or Type Committee No	RDAL COMMITTEE '	TO ELECT FOI	R CONGRESS
6. Name of Any Connecte	ed Organization, Affiliated Committee, J	oint Fundraising Representa	tive, or Leadership PAC Sponsor
NONE			
		<u> </u>	<u> </u>
Mailing Address			
	CITY	STAT	E ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee	Joint Fundraising Repres	sentative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number	optional) and position of the	ne person in possession of committee
Nordal Full Name	, Lori, Dawn, ,		
Mailing Address	7653 Gibraltar Street		
Mailing / Mailess	Unit #100		
	Carlsbad	CA	92009
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	760 - 632 - 0150
8. <b>Treasurer:</b> List the name any designated agent (e.	and address (phone number optional) g., assistant treasurer).	of the treasurer of the commi	ttee; and the name and address of
Full Name Nordal, of Treasurer	Lori, Dawn, ,		
Mailing Address	7653 Gibraltar Street		
	Unit #100		
			92009
Title or Desition	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	760 632 0150

FEC <b>For</b> i	m 1 (Revised 02/2009)	Page <b>4</b>						
Full Name of Designated Agent	Nordal, Craig, Arthur, ,							
Mailing Address	7543 Gibraltar Street							
	Unit #100							
	Carlsbad CA 92009	-  <sub>     </sub>						
	CITY STATE ZIP	CODE						
Title or Position Assistant Treas	surer Telephone number 760 - 632							
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.  Bank of America Financial Center								
	La Costa Town Square							
Mailing Address	3428 Via Mercato							
	Carlsbad CA 92009							
	CITY STATE ZIP	CODE						
Name of Bank, Depository, etc.								
Mailing Address								
	CITY STATE ZIP	CODE						