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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. Adam Hickey for Congressional District 14 5395 Liberty Street ADDRESS (number and street) (Check if address is changed) Mentor-On-The-Lake 44060 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS HickeyForCongress2018@gmail.com (Check if address is changed) Optional Second E-Mail Address hickey.adam@outlook.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00648758 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. Hickey, Julie, , , Type or Print Name of Treasurer Hickey, Julie, , , [Electronically Filed] 07 12 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 Only Local 202-694-1100

	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE ate Committee:	
(a) X)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate	Hickey, Adam, , ,	
Candidate Party Affili	ation GRE Office Sought: * House Senate President	State OH District 14
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	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)	egregated 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 Fu	ndraising 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.	vo 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
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revi	ised 02/2009)	Page 3
Write or Type Committee	Name	
Adam Hickey	for Congressional District 14	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or L	_eadership PAC Sponsor
NONE		
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative	
books and records.	: Identify by name, address (phone number optional) and position of the perso	n in possession of committee
Full Name Mailing Address	ey, Julie, , , 5395 Liberty Street	
·	Mentor-On-The-Lake OH	44060
Title or Position	CITY STATE	ZIP CODE
Campaign Manager		
. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	I the name and address of
Full Name Hicke	ey, Julie, , ,	
Mailing Address	5395 Liberty Street	
	Mentor-On-The-Lake	14060
Title or Position Campaign Manager	CITY STATE 440 Telephone number	ZIP CODE

FFC For	n 1 (Revised 02/2009)					1	Page 4
rec For	II I (REVISEU 02/2009)						raye 1
Full Name of Designated Agent	Hickey, Adam, , ,						
Mailing Address	5395 Libert	y Street					
		1 1 1 1 1 1 1 1 1					
	Mentor-On	-The-Lake		ОН	44060		
Title or Position		CITY		STATE		ZIP CO	DE
Candidate			Telephone nun	nber	440	290	8863
cafety denocit h	avec or maintains funds	anks or other depositories in					,
Name of Bank,	oxes or maintains funds. Depository, etc.						
-							
Name of Bank,	Depository, etc.	or Avenue	1 1 1 1 1 1 1	1 1 1	<u> </u>		1 1 1 1
	Depository, etc.	or Avenue					
Name of Bank,	Depository, etc.	or Avenue		OH	44060		
Name of Bank,	Depository, etc. Dollar Bank	or Avenue CITY		OH	44060	ZIP CO	- L
Name of Bank,	Depository, etc. Dollar Bank 7891 Mentor Mentor				44060	ZIP CO	-
Name of Bank, Mailing Address	Depository, etc. Dollar Bank	CITY		STATE			
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Dollar Bank			STATE			
Name of Bank, Mailing Address	Depository, etc. Dollar Bank	CITY		STATE			
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Dollar Bank	CITY		STATE			