SECRETARY OF THE SENATE
10 APR -7 AM 8:18

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

HECTOR MALDONADO FOR U.S. SENATE

ADDRESS (number and street) 321 MONTESANO PARK DRIVE

☐ (Check if address is changed)

IMPERIAL | MO | 63052-

CITY | STATE | ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed) ALLIB0945@HOTMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) WWW.HECTORFORFREEDOM.COM

2. DATE 03 26 2010

3. FEC IDENTIFICATION NUMBER C

4. 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.

Type or Print Name of Treasurer ALLISON M BURKE

Signature of Treasurer Allison M Burke Date 03 26 2010

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 Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

10020183463

5. TYPE OF COMMITTEE

Candidate 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: HECTOR MALDONADO

Candidate Party Affiliation: REP

Office Sought: [ ] House [X] Senate [ ] President

State: MO

District:

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

Party Committee:

(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 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

10020183464

Write or Type Committee Name

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY STATE ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: ALLISON M BURKE

Mailing Address: 321 MONTESANO PARK DRIVE

IMPERIAL MO 63052-

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 314-584-9383

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: ALLISON M BURKE

Mailing Address: 321 MONTESANO PARK DRIVE

IMPERIAL MO 63052-

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 314-584-9383

10020183465

Full Name of Designated Agent: KIRSTYN SCALLY

Mailing Address: 30 GOLDTRAIL DRIVE

SAINT CHARLES | MO | 63301-

CITY | STATE | ZIP CODE

Title or Position: ASST TREASURER

Telephone number: 314-401-0092

9. **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.

FIRST COMMUNITY NATIONAL BANK

Mailing Address: PO BOX 668

SULLIVAN | MO | 63080-

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY | STATE | ZIP CODE

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
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