

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC MAIL CENTER

2016 Office Use Only
11-10-15

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

12FE4M5

VOTE BILL HAAS

ADDRESS (number and street)

4579 LA CLEDE #141

☐ (Check if address is changed)

ST. LOUIS

CITY ▲

MO

STATE ▲

63108-

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

VOTEHAAS@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

VOTE BILL HAAS.COM

2. DATE

07 ' 03 ' 2016

don't have yet

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

William C HAAS

Signature of Treasurer

WCHaas

Date

07 ' 03 ' 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 06/2012)

5. TYPE OF COMMITTEE

Candidate 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 of Candidate

WILLIAM C HAAS

Candidate Party Affiliation

DEM

Office Sought:

☒ House☐

Senate

☐

President

State

MO

District

01

- (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.	<input type="checkbox"/>	FEC ID number	C
2.	<input type="checkbox"/>	FEC ID number	C
3.	<input type="checkbox"/>	FEC ID number	C
4.	<input type="checkbox"/>	FEC ID number	C

2016-07-11 00:00:00

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

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

Mailing Address

Title or Position

ASST. TREASURER

Telephone number

Full Name of
Designated
Agent

FRANCENE LEMOND

Mailing Address

4579 LACLEDE #141

ST LOUIS

MO

63108-

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

314-533-1151

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.

~~WELLS FARGO~~

U.S. BANK

Mailing Address

6000 Clayton Rd

ST LOUIS

MO

63108-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

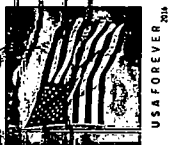
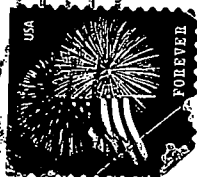
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4579 Lael Valley #4444000000 NO. 111 NO. 1010N
ST Louis
MO 63108

SAINT LOUIS MO 63101

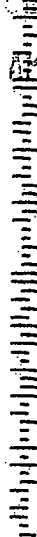
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FEC
999 E Speed NW
Washington
DC 20463

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