Only

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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. Defeat Bad Leaders 2020 PO Box 453 ADDRESS (number and street) (Check if address is changed) Rochester 03866 NH CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@defeatbadleaders2020.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.defeatbadleaders2020.com (Check if address is changed) DATE 06 2020 C00419978 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. Leonard, Richard, , , Type or Print Name of Treasurer Leonard, Richard, , , [Electronically Filed] 04 06 2020 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	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.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt 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.		

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Write or Type Committee Name								
Defeat Bad Lead	ders 2020							
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor						
NONE								
Mailing Address								
3								
	CITY STATE ZI	P CODE						
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponso						
 Custodian of Records: Identi books and records. 	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.							
Leonard, Ri	chard, , ,							
Mailing Address	PO Box 453							
	Rochester NH 03866							
Title or Position	CITY STATE ZI	P CODE						
Treasurer	Telephone number							
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name sistant treasurer).	e and address of						
Full Name Leonard, Rid of Treasurer	chard, , ,							
Mailing Address	PO Box 453							
I								
I	Rochester NH 03866							
Title or Position Treasurer	CITY STATE ZII	P CODE						

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Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
y y		
	CITY STATE	ZIP CODE
Title or Position	5//12	211 0002
	Telephone number =	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, holdoxes or maintains funds. Depository, etc.	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. TD Bank One Old Dover Road	ds accounts, rents
safety deposit b	Depository, etc. TD Bank One Old Dover Road	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. TD Bank One Old Dover Road	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. TD Bank One Old Dover Road	ds accounts, rents
safety deposit b Name of Bank,	Depository, etc. TD Bank One Old Dover Road Rochester NH 03867 CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. TD Bank One Old Dover Road Rochester NH 03867 CITY STATE	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. TD Bank One Old Dover Road Rochester CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. TD Bank One Old Dover Road Rochester CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. TD Bank One Old Dover Road Rochester CITY STATE Depository, etc.	ZIP CODE