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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. Faulkner for Congress 15 James Way ADDRESS (number and street) (Check if address is changed) **Granite Springs** 10527 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mike@mccauleyassociatespc.com (Check if address is changed) Optional Second E-Mail Address steve@mccauleyassociatespc.com COMMITTEE'S WEB PAGE ADDRESS (URL) faulkner4congress.com (Check if address is changed) DATE 2022 C00812180 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. McCauley, Mike, , , Type or Print Name of Treasurer McCauley, Mike, , , [Electronically Filed] 04 10 2022 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

-	FEC Fo	rm 1 (Revised 02/2009)	Page 2				
		COMMITTEE					
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	a of	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	olete the candidate				
	didate	Faulkner, William, , ,					
	didate / Affiliati	on REP Office Sought: X House Senate President	State NY District 16				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of lidate						
Par	ty Con	nmittee: (National, State	Democratic,				
(d)		· · · · · · · · · · · · · · · · · · ·	Republican, etc.) Party.				
Poli	tical A	action Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	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 segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Func	draising 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					
	1						

Write or Type Committee Name Faulkner for Congress Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committe books and records. McCauley, Mike, ., Full Name Mailing Address Suite 390 Salt Lake City Title or Position CITY STATE ZIP CODE Treasurer Telephone number 385 - 202 - 7284	FEC Form 1 (Revis	sed 02/2009)	Page 3
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committe books and records. McGauley, Mike Full Name A2DE S Temple St Mailing Address Salt Lake City Treasurer Treasurer Telephone number 385 - 202 - 7284 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 McCauley, Mike, 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 McCauley, Mike, Full Name of Treasurer McCauley, Mike, Title or Position CITY STATE ZIP CODE 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). Salt Lake City LIT Ball III LIT LIT LIT LIT LIT LIT LIT LIT LIT			
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Mailing Address Suite 390 Salt Lake City UT 84111 Title or Position CITY STATE ZIP CODE 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 420 E S Temple St Suite 390 Salt Lake City UT 84111 CITY STATE ZIP CODE Title or Position Title or Position Treasurer A85 202 7284		uley, Mike, , ,	
Suite 390 Salt Lake City UT 84111 Title or Position CITY STATE ZIP CODE 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 McCauley, Mike, , , of Treasurer Mailing Address 420 E S Temple St Suite 390 Salt Lake City UT 84111 CITY STATE ZIP CODE Title or Position Treasurer 385 202 7284		420 E S Temple St	
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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 McCauley, Mike, , , of Treasurer Mailing Address Suite 390 Salt Lake City UT 84111 CITY STATE ZIP CODE Title or Position Treasurer 385 - 202 - 7284		Salt Lake City UT	84111
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of Treasurer Mailing Address Suite 390 Salt Lake City UT B4111 CITY STATE ZIP CODE Title or Position Treasurer 385 202 7284	. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; a .g., assistant treasurer).	nd the name and address of
Mailing Address Suite 390 Salt Lake City UT 84111 CITY STATE ZIP CODE Title or Position Treasurer 385 202 7284		uley, Mike, , ,	
Salt Lake City CITY STATE ZIP CODE Title or Position Treasurer 385 1 202 1 7284	Mailing Address	420 E S Temple St	
CITY STATE ZIP CODE Title or Position Treasurer Treasurer Title or Position		Suite 390	
Title or Position Treasurer		Salt Lake City UT	84111
Treasurer , 385 , 202 , 7284	Title or Position	CITY STATE	ZIP CODE
		385	5 - 202 - 7284

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Full Name of Designated Agent McC	Cauley, Mike, , ,					
Mailing Address	420 E S Temple St					
	Ste 390					
	Salt Lake City CITY	UT L8	ZIP CODE			
Title or Position CPA		phone number 385				
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. Capital Bank						
Mailing Address	2275 Research Blvd					
	Rockville	MD 2	0850			
	CITY	STATE	ZIP CODE			
Name of Bank, Depos	itory, etc.					
Mailing Address						