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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) over the lines. is changed) Committee to Elect Karen E Bedonie for Congress 1113 Schofield Ln ADDRESS (number and street) (Check if address is changed) Farmington 87401 NM CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bedonie2020@gmail.com (Check if address is changed) Optional Second E-Mail Address chrissie@incompliance.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.bedonie2020.com (Check if address is changed) DATE 2020 C00717520 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. Bedonie, Karen, , , Type or Print Name of Treasurer Bedonie, Karen, , , [Electronically Filed] 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 Only

Local 202-694-1100

-	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		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. (Corinformation below.)	nplete the candidate
Name Cand		Bedonie, Karen, E., ,	
Cand Party	lidate Affiliati	on REP Office Sought: X House Senate President	State NM District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:  (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s 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.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo 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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Wri	te or Type Committe		raye 3
		to Elect Karen E Bedonie for Congress	
		nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ershin PAC Snonsor
			2.5/mp 1 /10 Sp011301
INC	NE		
N	Mailing Address		
		CITY STATE	ZIP CODE
F	Relationship: C	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
	Custodian of Records.	ords: Identify by name, address (phone number optional) and position of the person in particles.	possession of committee
_	B Full Name	Bedonie, Karen, , ,	1
		1113 Schofield Ln	
IN	Mailing Address		
		Farmington NM 8740	
Т	Title or Position	CITY STATE	ZIP CODE
L	Treasurer		824 - 7754
		name and address (phone number optional) of the treasurer of the committee; and the nt (e.g., assistant treasurer).	name and address of
		edonie, Karen, , ,	1
	f Treasurer	1113 Schofield Ln	
N	Mailing Address		
		L Formington	
		Farmington NM 87401  CITY STATE	ZIP CODE
т _ [	itle or Position Treasurer	Telephone number	824 - 7754
1			

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Denos	sitories: List all banks or other depositories in which the committee deposits fur	nds, holds accounts, rents
Danks of Other Depos	The second of the deposition of the deposition of the committee deposits full	
safety deposit boxes or	maintains funds.	
safety deposit boxes or Name of Bank, Deposit	tory, etc.	
safety deposit boxes or Name of Bank, Deposit	maintains funds.	
safety deposit boxes or Name of Bank, Deposit	tory, etc.	
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.  Ils Fargo	
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.  Ils Fargo	86515
safety deposit boxes or Name of Bank, Deposit	Ils Fargo Indian Route 12, AZ-264 Window Rock  AZ	
safety deposit boxes or Name of Bank, Deposit	Ils Fargo Indian Route 12, AZ-264 Window Rock  AZ	86515 ZIP CODE
safety deposit boxes or Name of Bank, Deposit	Ils Fargo Indian Route 12, AZ-264 Window Rock CITY STATE	
safety deposit boxes or Name of Bank, Deposit  Wel	Ils Fargo Indian Route 12, AZ-264 Window Rock CITY STATE	
safety deposit boxes or Name of Bank, Deposit  Wel  Mailing Address  Name of Bank, Deposit	Ils Fargo Indian Route 12, AZ-264 Window Rock CITY STATE	
safety deposit boxes or Name of Bank, Deposit  Wel	Ils Fargo Indian Route 12, AZ-264 Window Rock CITY STATE	
safety deposit boxes or Name of Bank, Deposit  Wel  Mailing Address  Name of Bank, Deposit	Ils Fargo Indian Route 12, AZ-264 Window Rock CITY STATE	
safety deposit boxes or Name of Bank, Deposit  Wel  Mailing Address  Name of Bank, Deposit	Ils Fargo Indian Route 12, AZ-264 Window Rock CITY STATE	