**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wallack for Congress PO Box 577 ADDRESS (number and street) (Check if address is changed) Park City 84060 UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Wallack@cmandco.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) howardwallack.com (Check if address is changed) DATE 2020 C00731729 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. McMichael, Collin, , , Type or Print Name of Treasurer McMichael, Collin, , , [Electronically Filed] 01 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

	FFC <b>-</b>	4 (7)	5 6
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e 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. (Cominformation below.)	nplete the candidate
	ne of didate	Wallack, Howard, , ,	
	didate y Affiliati	on REP Office Sought: * House Senate President	State UT District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	rty Con	nmittee:	(Danas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(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 con-	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 so 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.)	
Joir	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		
	4.		

FEC Form 1 (Revis		Page 3
Write or Type Committee N		
Wallack for C	<del>_</del>	
-	ed Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	person in possession of committee
	hael, Collin, , ,	
Full Name	PO Box 97275	
Mailing Address		
	Raleigh	27624
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	919 - 889 - 1817
3. <b>Treasurer:</b> List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee g., assistant treasurer).	e; and the name and address of
Full Name McMicl	hael, Collin, , ,	
Mailing Address	PO Box 97275	
-		
	Raleigh   NC	27624
Title or Desition	CITY STATE	ZIP CODE
Title or Position Treasurer		919 - 889 - 1817

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						•
Full Name of Designated Agent			1 1 1 1 1 1			
Mailing Address						
		CITY		STATE	<u> </u>	ZIP CODE
Title or Position			Telephone nu	mber		
safety deposit bo	oxes or maint	List all banks or other depositoriens funds.	s in which the commit	tee deposits fu	nds, holds	accounts, rents
Name of Bank, [	Depository, e	111 Litchford Pd				
Name of Bank, I		111 Litchford Rd				
		111 Litchford Rd		NC NC	27615	
				NC STATE		ZIP CODE
	BB&T	Raleigh				ZIP CODE
Mailing Address	Depository, et	Raleigh		STATE	;	
Mailing Address	Depository, et	Raleigh		STATE	;	
Mailing Address  Name of Bank, I	Depository, et	Raleigh		STATE	;	
Mailing Address  Name of Bank, I	Depository, et	Raleigh		STATE	;	