FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZA	ATION	
	(See instruction	ons)	Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5
BULLY PAC I	NC		
ADDRESS (number and	street) 815 Mandan Street		
X (Check if add is changed)	ress BISMARCK		ND
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA			
harmsrbrt@a).com 		
COMMITTEE'S WEE	PAGE ADDRESS (URL)		
	1 1 1 1 1 1 1 1 1 1 1 1 1		
COMMITTEE'S FAX 7012587733 2. DATE 00	M / D D / Y Y Y Y		
		C C00381715	
4. IS THIS STATE	MENT X NEW (N) OR	AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of my kno	owledge and belief it is true, correct a	and complete
Type or Print Name or	Treasurer Cherie Harms		
Signature of Treasure	Electronically Filed by Cherie Ha	ırms	Date 06 / 13 / YYYYY
NOTE: Submission of fa	alse, erroneous, or incomplete information ma	y subject the person signing this Sta	
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	

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5.		COMMITTEE (Check One) 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 information below.)	the candidate
	Name of Candidate		
	Candidate Party Affilia	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Com		
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Ad	etion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	Cooperative
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint 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.	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.	or more political
	Cor	nmittees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2. FEC ID number	
		3. FEC ID number C	
		4. FEC ID number C	
		FEC ID number	

Write or Type Committee Name BULLY PAC INC				
BULLY PAC INC				
6. Name of Any Connected O	rganization, Affiliated Committee, Lea	adership PAC Sponsor or Joi	nt Fundraising	Representative
None				
Mailing Address				
	CITY	STA	ATE 🛦	ZIP CODE
Relationship:		_	_	
Connected Organization	X Affiliated Committee	Leadership PAC Sponsor	Joint Fu	ndraising Representative
Mailing Address				
Title or Position ▼	CITY A	STA	ATE&	ZIP CODE A
name and address of an	e and address (phone number o y designated agent (e.g., assistan e Harms 815 Mandan Stree	it treasurer).	the committee	e; and the
		N		
	Bismarck		<u>ND</u>	58501
Title or Position ♥	Bismarck CITY A		<u> </u>	58501 –

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Full Name of Designated Agent	Mr. Robert Harms		
Mailing Address	815 Mandan Streeet		
	Bismarck	ND ND	58501 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Preside	<u>nt</u> T	elephone number 701	
Banks or Other Deposite safety deposit boxes or ma Name of Bank, Depository	aintains funds. y, etc.	ne committee deposits funds, he	olds accounts, rents
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