FEC FORM 1		STATEMEN ORGANIZA			PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Committee	for Co	mmon Sense Vo	otes in PA		
ADDRESS (number an	ud street)	108 Golf Circle			
(Check if a is changed)	ddress	Bernville CITY ▲		PA 15 STATE ▲	2506 − [] ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRES	SS			
(Check if a is changed		brian.s.lake@gmail.com) 		
		Optional Second E-Mail Add	ress I		
COMMITTEE'S WEB	ddress	PRESS (URL)			
2. DATE 09		D / Y Y Y Y 2020			
3. FEC IDENTIFIC	ATION NU	MBER ► C co	0757997		
4. IS THIS STATEM		NEW (N) OR	× AMENDED (A)		
I certify that I have ex	xamined th	s Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name o	of Treasurer	Lake, Brian, Scott, Mr,			
Signature of Treasure	r <i>Lake, L</i>	Brian, Scott, Mr,	[Electronically Filed]	Date 10	/ D D / Y Y Y Y 01 2020
NOTE: Submission of f		ous, or incomplete information r ANY CHANGE IN INFORMATIC			e penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE OF	COMMITTEE
Candidat	te 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 the candidate information below.)
Name of Candidate	
Candidate Party Affilia	tion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Pa
Political /	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization i
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Cor	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Treasurer

Committee for Common Sense Votes in PA

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N					
	Mailing Address				
					-
		CITY		STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraisin	ng Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number o	ptional) and pos	sition of the person in	possession of committee
	Lake, Brian	, Scott, Mr,			
	Mailing Address	108 Golf Circle			
				PA 1950	6
	Title or Position	CITY		STATE	ZIP CODE
	Treasurer		Telephone nu	umber 703 –	894 7414
8.	Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the ssistant treasurer).	ie treasurer of th	ne committee; and the	name and address of
	Full Name Lake, Brian of Treasurer	Scott, Mr,			
	Mailing Address	108 Golf Circle			
		Bernville		PA 1950 STATE	
	Title or Position				

1 1

703

Telephone number

894

7414

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent								I	I																					
Mailing Address																														
																							L							
							СІЛ	ΓY											STA	ΤE					ZII	PC	COD	Ε		
Title or Position																														
														Tele	eph	ione	e ni	umt	ber											

9. 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.

	BB&T																							
Mailing Address	ľ	201 N Maii	n Stre	et																				
	L																							
		Bernville												F	PA]	Ĺ	195	06]-[
					C	ITY							S	STA	ΤE					ZII	ΡC	ODI	E	
Name of Bank, De	epository, etc																							
Mailing Address	L																							
	L																							
	L															J	L]-[
					C	ITY							Ś	STA	ΤE					ZII	ΡC	ODI	E	