PAGE 1 / 4

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. Robert Kudler For Congress 4940 Merrick Road ADDRESS (number and street) (Check if address is changed) Massapequa Park 11762 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kudlerr@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2019 C00732578 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. Kudler, Robert, , , Type or Print Name of Treasurer Kudler, Robert, , , [Electronically Filed] 12 2019 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

TYPE OF COMMITTEE  Candidate Committee:  (a)	
(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.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the ca	
,	andidate
Name of Candidate Kudler, Robert, , ,	
Candidate Office State	NY
Party Affiliation REP Sought: X House Senate President  District	02
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican,	c, , etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
Corporation Corporation w/o Capital Stock Labor Org	ganization
Membership Organization Trade Association Cooperation	ive
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 full committee. (i.e., nonconnected committee)	ınd or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds committees/organizations, at least one of which is an authorized committee of a federal candidate.	oolitical
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	olitical
Committees Participating in Joint Fundraiser	
1.	
2.                                   FEC ID number C	
2. FEC ID number C  3.	

FEC <b>Form 1</b> (Revi	ised 02/2009)	Page <b>3</b>
Write or Type Committee		<u> </u>
Robert Kudle	er For Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
NONE		
<u> </u>	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representation	ve Leadership PAC Sponsor
books and records.	: Identify by name, address (phone number optional) and position of the per	son in possession of committee
Kudle Full Name	er, Robert, , ,	
Mailing Address	4049 Merrick Road	
Mailing Address		
	Massapequa Park NY	11762
Title or Position	CITY STATE	ZIP CODE
	Telephone number	6 404 0394
. <b>Treasurer:</b> List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; a e.g., assistant treasurer).	and the name and address of
Full Name Kudle of Treasurer	er, Robert, , ,	
Mailing Address	4049 Merrick Road	
	Massapequa Park	11762
Title or Position	CITY STATE	ZIP CODE
	Telephone number	6

FEC Form 1 (F	Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent Kud	ller, Robert, , ,	
Mailing Address	4940 Merrick Road	
	Massapequa Park  CITY  NY  STATE	
Title or Position		
	Telephone number	
Banks or Other Deposit boxes of Name of Bank, Deposition		jusits lulius, liolus accounts, lents
Name of Bank, Depos	or maintains funds.	
Name of Bank, Depos	De maintains funds.  Distinct, etc.  Distinct Road  2260 Merrick Road	
Name of Bank, Depos	De maintains funds.  Distinct, etc.  Distinct Road  2260 Merrick Road	Y11566
Name of Bank, Depos	Primaintains funds.  Sitory, etc.  Display  2260 Merrick Road  Merrick  CITY  STATI	Y
safety deposit boxes of Name of Bank, Deposition TEMPOSITION Mailing Address	Primaintains funds.  Sitory, etc.  Display  2260 Merrick Road  Merrick  CITY  STATI	Y11566
safety deposit boxes of Name of Bank, Deposition TEMPOSITION Mailing Address	Primaintains funds.  Sitory, etc.  Display  2260 Merrick Road  Merrick  CITY  STATI	Y
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	Primaintains funds.  Sitory, etc.  Display  2260 Merrick Road  Merrick  CITY  STATI	Y
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	Primaintains funds.  Sitory, etc.  Display  2260 Merrick Road  Merrick  CITY  STATI	Y