PAGE 1 / 4 •

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Weld 2020 Presidential Campaign Committee, Inc. P.O. Box 960292 ADDRESS (number and street) (Check if address is changed) **Boston** 02196 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS notices@feccr.com (Check if address is changed) Optional Second E-Mail Address ioe@ihstrats.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00700906 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. Hunter, Joseph, , , Type or Print Name of Treasurer Hunter, Joseph,,, [Electronically Filed] Date 19 2020 Signature of Treasurer 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

	FF6 -	4 (During 4 00 (000))	D 0
		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. (Con information below.)	nplete the candidate
Nam Cand	e of didate	Weld, William, Floyd (Bill), ,	<u> </u>
	didate y Affiliati	on REP Office Sought: House Senate X President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical 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 Fund	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.		

FEC Form 1 (Revised 02/200	09)	Page 3
Write or Type Committee Name		J
Weld 2020 Preside	ential Campaign Committee, Inc	
	zation, Affiliated Committee, Joint Fundraising Representati	_
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected Orga	nnization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
 Custodian of Records: Identify by books and records. 	y name, address (phone number optional) and position of the	e person in possession of committee
Hunter, Joseph,	,,	
Full Name P.O. Mailing Address	. Box 960292	
Industry Address		
Bos	ston MA	02196
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	435 901 2254
3. Treasurer: List the name and addr any designated agent (e.g., assista	ress (phone number optional) of the treasurer of the committeent treasurer).	ee; and the name and address of
Full Name Hunter, Joseph, , of Treasurer	,, 	
Mailing Address	Box 960292	
L		
Bos		02196
Title or Position Treasurer	CITY STATE Telephone number	ZIP CODE 435 - 901 - 2254

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Needham, Christina, , ,	
Mailing Address	441 North Lee Street	
	Ste. 300	
	Alexandria VA 22314 CITY STATE ZIP	CODE
Title or Position		
	Telephone number	
Banks or Other	Depositories: List all banks or other denositories in which the committee denosits funds, holds an	counts, rents
Banks or Other safety deposit bo Name of Bank, D		counts, rents:
safety deposit bo	Depository, etc. Citizens Bank	counts, rents
safety deposit bo	oxes or maintains funds. Depository, etc.	counts, rents
safety deposit bo Name of Bank, D	Depository, etc. Citizens Bank	counts, rents
safety deposit bo Name of Bank, D	Depository, etc. Citizens Bank	counts, rents
safety deposit bo Name of Bank, D	One Financial Center Boston MA O2111	counts, rents
safety deposit bo Name of Bank, D	Depository, etc. Citizens Bank One Financial Center Boston CITY STATE ZIP	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Citizens Bank One Financial Center Boston CITY STATE ZIP	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Citizens Bank One Financial Center Boston CITY STATE ZIP	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Citizens Bank One Financial Center Boston CITY STATE ZIP	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Citizens Bank One Financial Center Boston CITY STATE ZIP	
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. Citizens Bank One Financial Center Boston CITY STATE ZIP	