

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL ELECTION COMMISSION
Office Use Only

2019 FEB 19 12:20 PM '19

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

THE RELUCTANT PATRIOT, DAVID ANDREW CHRISTENSON (TRPDAC2)

ADDRESS (number and street)

BOX 9063



(Check if address is changed)

MIRAMAR BEACH

CITY ▲

FL

STATE ▲

32550

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

THERELUCTANTPATRIOT@GMAIL.COM

Optional Second E-Mail Address

DAVIDANDREWCHRISTENSON@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

MM / DD / YYYY

3. FEC IDENTIFICATION NUMBER ▶

C

4. 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.

Type or Print Name of Treasurer

DAVID ANDREW CHRISTENSON

Signature of Treasurer

Date

MM / DD / YYYY (02 / 02 / 2019)

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

NON-PROFIT ORGANIZATION

5. TYPE OF COMMITTEE

Candidate 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 DAVID ANDREW CHRISTENSON

Candidate Party Affiliation 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 Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

UNCONFINED | WE | DO | NOT | OPEN

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

DAVID ANDREW CHRISTENSON

Mailing Address

BOX 9063

MIRAMAR BEACH

FL

32550

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

504

715

3086

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

DAVID ANDREW CHRISTENSON

Mailing Address

BOX 9063

MIRAMAR BEACH

FL

32550

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

504

715

3086

DAVID ANDREW CHRISTENSON

Full Name of Designated Agent

DAVID ANDREW CHRISTENSON

Mailing Address

BOX 9063

MIRAMAR BEACH

CITY

FL

STATE

32550

ZIP CODE

Title or Position

CANDIDATE

Telephone number

504

715

3086

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.

NONE

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

NONE

Mailing Address

CITY

STATE

ZIP CODE

UNWANTED MAIL STOP HERE

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

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

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

____-____-____

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

____-____-____

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/>	USPS First Class Mail	Postmarked Date of Receipt 2-11-19 2-19-19
<input type="checkbox"/>	USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/>	USPS Priority Mail	Postmarked
<input type="checkbox"/>	USPS Priority Mail Express	Postmarked
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date
		Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/>	Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked

PREPARER
 (3/2015)

2-19-19
 DATE PREPARED

CONTAINS SENSITIVE INFORMATION