**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Duvall for Congress 400 King George Road ADDRESS (number and street) (Check if address is changed) Cherry Hill 08034 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS josh@duvallforcongress.com (Check if address is changed) Optional Second E-Mail Address |duvall.joshua@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) duvallforcongress.com (Check if address is changed) DATE 25 2019 C00704031 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. Duvall, Joshua, , , Type or Print Name of Treasurer Duvall, Joshua,,, [Electronically Filed] 05 07 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

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page <b>2</b>			
		OMMITTEE • Committee:				
(a)	x	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				
Nam Cand	e of didate	information below.)  Duvall, Joshua, , ,				
	didate / Affiliati	on REP Office Sought: # House Senate President	State NJ District 01			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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	Committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number C				
	4.					

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Write or Type Committee Name	3- •					
Duvall for Congress						
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor					
NONE						
Mailing Address						
CITY STATE :	ZIP CODE					
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Lear	dership PAC Sponsor					
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possibooks and records.</li> </ol>	session of committee					
Duvall, Joshua, , ,  Full Name						
400 King George Road  Mailing Address						
Cherry Hill NJ 08034						
Title or Position CITY STATE 2	ZIP CODE					
Candidate/Treasurer 913 - 5	530   -   4603					
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	ne and address of					
Full Name Duvall, Joshua, , , of Treasurer						
Mailing Address 400 King George Road	1					
Cherry Hill  CITY  STATE  Z	IP CODE					

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Full Name of Designated  Agent  Duvall,	Lisa, , ,				
Mailing Address	400 King George Road				
	Cherry Hill NJ 08034  CITY STATE	ZIP CODE			
Title or Position Assistant Treasurer		919 - 2713			
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.					
	S Fargo 1636 Kings Highway North				
Mailing Address					
	Cherry Hill NJ 08034				
	CITY STATE	ZIP CODE			
Name of Bank, Depositor	ry, etc.				
Mailing Address					
Mailing Address					
Mailing Address					