**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. Citizens For Bongino 2140 Three M Trl ADDRESS (number and street) (Check if address is changed) Deland 32720-1615 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gwildercpa@hotmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00619320 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Gregory B Wilder Type or Print Name of Treasurer Gregory B Wilder [Electronically Filed] 80 17 2016 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

FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:  (a) X This committee is a principal campaign committee. (Complete the candidate information)	er le alaur)
(a) This committee is a principal campaign committee. (Complete the candidate informatio	n below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate
Name of Candidate Daniel J Bongino	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  Pre	State FL sident 19
	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.
Name of Candidate	
Party Committee:	(Domografia
(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	3.) 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 secommittee. (i.e., nonconnected committee)	parate segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, at least one of which is an authorized committee of a federal ca	
(h) This committee collects contributions, pays fundraising expenses and disburses net proced committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3. FEC ID number	
4.	

	sed 02/2009)	Page <b>3</b>
Write or Type Committee Na	lame	
Citizens For E	Bongino	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representation	entative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	TATE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Re	presentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position	of the person in possession of committee
Gregor Full Name	ory B Wilder	
	2140 Three M Trail	
Mailing Address		
	I	
	Deland	FL 32720-1615
	Deland	FL 32720-1615
Title or Position		FL 32720-1615 ATE ZIP CODE
Title or Position  Custodian of Records		ATE ZIP CODE
Custodian of Records	CITY ST  Telephone number and address (phone number optional) of the treasurer of the co	ATE ZIP CODE
Custodian of Records  Treasurer: List the name any designated agent (e.c.  Full Name Gregor	CITY ST  Telephone number and address (phone number optional) of the treasurer of the co	ATE ZIP CODE
Custodian of Records  Treasurer: List the name any designated agent (e.c.  Full Name Gregor of Treasurer	CITY ST  CITY Telephone number  e and address (phone number optional) of the treasurer of the co g., assistant treasurer).	ATE ZIP CODE
Custodian of Records  Treasurer: List the name any designated agent (e.c.  Full Name Gregor	CITY ST  Telephone number and address (phone number optional) of the treasurer of the cog., assistant treasurer).  Try B Wilder	ATE ZIP CODE
Custodian of Records  Treasurer: List the name any designated agent (e.c.  Full Name Gregor of Treasurer	CITY ST  Telephone number and address (phone number optional) of the treasurer of the cong., assistant treasurer).  Try B Wilder  2140 Three M Trail	ATE ZIP CODE  386 734 3978  mmittee; and the name and address of
Custodian of Records  Treasurer: List the name any designated agent (e.c.  Full Name Gregor of Treasurer	CITY ST  Telephone number and address (phone number optional) of the treasurer of the cog., assistant treasurer).  Ty B Wilder  2140 Three M Trail  Deland	ATE ZIP CODE  . 386 - 734 - 3978

Full Name of Designated			Page <b>4</b>
Designated			
Agent			
Mailing Address			
			1-1
	CITY	STATE	ZIP CODE
Title or Position			
		Telephone number	-
Mailing Address	11325 Random Hills Raod		
Mailing Address			
	Cuite 240	ı ı VA ı ı220	30
	Suite 240	VA	130
	CITY	STATE	ZIP CODE
		STATE	ZIP CODE
Name of Bank, Depositor	ry, etc.	STATE	ZIP CODE
	Bank	STATE	ZIP CODE
	ry, etc.	STATE	ZIP CODE
PNC	Bank	STATE	ZIP CODE
PNC	Bank	STATE  FL 327	