

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Committee to Elect Richard Ojeda

ADDRESS (number and street) 533 Bungalow Woods Drive
 (Check if address is changed) PO Box 624
Holden CITY ▲ WV STATE ▲ 25625 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) brian@pcmsllc.com

Optional Second E-Mail Address
stevenhall@voteojeda.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) https://voteojeda.com/

2. DATE 12 / 27 / 2018

3. FEC IDENTIFICATION NUMBER C C00639989

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 Hall, Steven, , Mr,

Signature of Treasurer Hall, Steven, , Mr, [Electronically Filed] Date 12 / 27 / 2018

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.

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 Ojeda, Richard, Neece, Senator, II

Candidate Party Affiliation DEM REP LIB IND OTH

Office Sought: House Senate President

State AL AK AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

- (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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Committee to Elect Richard Ojeda

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

Sapper Fund

Mailing Address 231 Capitol Street

Charleston WV 25301

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 Hall, Steven, , Mr,

Mailing Address 5297 Kelly Road

Apt 4

Cross Lanes WV 25313

CITY STATE ZIP CODE

Treasurer Telephone number 681 - 307 - 1209

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 Hall, Steven, , Mr,

Mailing Address 5297 Kelly Road

Apt 4

Cross Lanes WV 25313

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 681 - 307 - 1209

Full Name of Designated Agent | Graham, David, , Mr, |

Mailing Address | 665 Allegheny Ave |
| Peach Creek | WV | 25629 | - |
CITY STATE ZIP CODE

Title or Position | Assistant Treasurer | Telephone number | 304 | - | 688 | - | 7241 |

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.

Woodforest |

Mailing Address | 77 Norman Morgan Blvd |
| Logan | WV | 25601 | - |
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mountain Valley Bank |

Mailing Address | 400 Washington St E |
| Charleston | WV | 25301 | - |
CITY STATE ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

The Arena Candidate PAC Win Fund

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

 CITY ▲ STATE ▲ ZIP CODE ▲
TITLE OR POSITION ▼ 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, Amalgamated Bank
Depository, etc.

Mailing Address

 -

CITY ▲ STATE ▲ ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

JR Victory Fund

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

 CITY ▲ STATE ▲ ZIP CODE ▲
TITLE OR POSITION ▼ 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 ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

MA House Victory Fund

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

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ 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 ▲