

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

Alex for North Dakota

ADDRESS (number and street) (Check if address
is changed) PO Box 81

Cando

ND

58324

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

mike@mccauleyassociatespc.com

Optional Second E-Mail Address
steve@mccauleyassociatespc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

2. DATE

M M / D D / Y Y Y Y
03 / 20 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00873927

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 McCauley, Mike, , ,

Signature of Treasurer McCauley, Mike, , ,

Date

M M / D D / Y Y Y Y
03 / 20 / 2024NOTE: 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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Full Name of
Designated
Agent

McCauley, Mike, , ,

Mailing Address

420 East South Temple

Ste 390

Salt Lake City

UT

84111

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CPA

Telephone number

384

202

7284

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.

Capital Bank

Mailing Address

2275 Research Blvd

Rockville

MD

20850

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲