Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Redpath for US Senate Committee 1303 Westley Lane ADDRESS (number and street) (Check if address is changed) West Dundee 60118 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wredpath2@yahoo.com (Check if address is changed) Optional Second E-Mail Address bob.johnston@live.com COMMITTEE'S WEB PAGE ADDRESS (URL) billredpath.com (Check if address is changed) DATE 2021 C00795112 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. Johnston, Bob, , Mr., Type or Print Name of Treasurer Johnston, Bob, , Mr., [Electronically Filed] 19 2021 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

FFC Form 1	(Revised 02/2009)	Page <b>2</b>
TYPE OF COMM	IITTEE	ı aye <b>£</b>
Candidate Co	mmittee:	
(a) X Thi	s committee is a principal campaign committee. (Complete the candidate information below.)	)
	s committee is an authorized committee, and is NOT a principal campaign committee. (Commation below.)	plete the candidate
Name of Candidate	Redpath, William, , Mr.,	
Candidate Party Affiliation	LIB Office Sought: House X Senate President	State IL District 00
(c) Thi	s committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Commit	tee:	
(d) This	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Actio	n Committee (PAC):	
(e) Thi	s committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
	Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	s committee supports/opposes more than one Federal candidate, and is NOT a separate semittee. (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.)	
Joint Fundrais	ing Representative:	
	s committee collects contributions, pays fundraising expenses and disburses net proceeds for to nmittees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
` '	committee collects contributions, pays fundraising expenses and disburses net proceeds for two inittees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Committe	es Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
4.		

I FEC <b>Form 1</b> (Rev	vised 02/2009)	Page <b>3</b>
Write or Type Committee	Name	
Redpath for	US Senate Committee	
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
<ul> <li>Custodian of Records books and records.</li> </ul>	s: Identify by name, address (phone number optional) and position of the	person in possession of committee
Johr Full Name	nston, Bob, , Mr.,	
Mailing Address	PO Box 1633	
Ü		
	Bel Air MD	21014
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	443 - 310 - 5373
3. <b>Treasurer:</b> List the nar any designated agent (	ne and address (phone number optional) of the treasurer of the committee (e.g., assistant treasurer).	e; and the name and address of
Full Name Johr of Treasurer	nston, Bob, , Mr.,	
Mailing Address	PO Box 1633	
	Bel Air	21014
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	443 - 310 - 5373

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Full Name of Designated Agent	edpath, William, , Mr,				
Mailing Address	1303 Westley Lane				
	West Dundee IL 60118	ZID CODE			
Title or Position Assistant Treasure		ZIP CODE			
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.					
Ľ	ifth Third Bank				
Mailing Address	1				
	Carpentersville IL 60110				
	CITY STATE	ZIP CODE			
Name of Bank, Dep	ository, etc.				
		1			
L					
Mailing Address					
Mailing Address					
Mailing Address					