## 2019:10:16:03:00297958

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVEUT FEC MAIL CENTER

2019 OCT 16 PM 12: 02

				0	ffice Use Only
NAME OF     COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
COMMITTE TO ELECT CH	іцсқ вруг	CE	<del>                                      </del>		
			<del> </del>		
ADDRESS (number and street	2035	SUNSET LAKE RD	#B2	<del>                                     </del>	
(Check if address is changed)	ــــا		<del>                                     </del>		
		LETOWN		DE 19	702
COMMITTEE'S E-MAIL ADD	RESS				
(Check if address is changed)	chuc	k@chuckboyce.cor	η		
	Option	al Second E-Mail Ad	ldress	1-1-1-1-1-1	
COMMITTEE'S WEB PAGE	ADDRESS	(UBL)	in the second second The second seco		اد ماند الاستان المساورة
(Check if address is changed)		and who are	rejudent kalmasi subati rea er mas em ne, o a	1841 18 18 18 18 18 18 18 18 18 18 18 18 18	<u>्रा १ भ व्यक्तिकार</u>
Stephen Complete Day the				<u> </u>	<u>rill</u>
2. DATE 10 /	07 /	2019 XX	W.		
3. FEC IDENTIFICATION	NUMBER	► C 00	633693		
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)		
I certify that I have examine	d this State	ment and to the bes	t of my knowledge and belief	it is true, correct and	d complete.
Type or Print Name of Treas	urer HE	NRY C. BOYCE,	JR.		
Signature of Treasurer	Th	& hef		Date 10	07 2019
NOTE: Submission of false, e			may subject the person signing		penalties of 52 U.S.C. §3010
Office Use	7 6.		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	ndidate	Committee:	
(a)	$\times$	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 information below.)	nplete the candidate
Nam Can	e of didate	HENRY, CHARLES BOYCE, JR.	
	didate y Affiliati	on REP Office Sought: House Senate President	State DE District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Cor	nmittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Part
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate s	egregated fund or part
		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.)	
Join	nt Fund	Iralsing Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	
	Con		
	Con	mittees Participating in Joint Fundraiser	<del>, , , , , , , , , , , , , , , , , , , </del>
	1.	FEC ID number	-AAAAAA
	2.	FEC ID number C	
	3.	FEC ID number	
	4.	FEC ID number C	
		Activities the second	

FEC Form 1 (Revis	sed 02/2009)	Page <b>3</b>
Write or Type Committee N		
COMMITTEE TO ELEC	CT CHUCK BOYCE	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
111111111		
Mailing Address		
•		[ , , , , ]-[ , , , , ]
	CITY STATE	ZIP CODE
	ected Organization Affiliated Committee Joint Fundraising Representative	
<ol> <li>Custodian of Records: books and records.</li> </ol>	Identify by name, address (phone number optional) and position of the per-	son in possession of committee
Full Name HENI	RY <sub>I</sub> C BOYCE JR,	<del></del>
Mailing Address	2035,SUNSET LAKE RD #B2	<del></del>
	NEWARK DE	19702
Title or Position	CITY STATE	ZIP CODE
TREASURER, , ,	Telephone number 302	352   - [9488
	e and address (phone number optional) of the treasurer of the committee; a e.g., assistant treasurer).	and the name and address of
Full Name of Treasurer HEN	RY <sub>I</sub> C BOYCE JR,	<u> </u>
Mailing Address	2035,SUNSET LAKE RD #B2	
	NEWARK DE	19702
Title or Position	CITY STATE	ZIP CODE
TREASURER, , ,	Telephone number 302	_   _   352   _   9488

FEC Form	1 1 (Revised 02/2009)	Page <b>4</b>
1 LO FOIII	1 (1101/300 02/2009)	raye 4
Full Name of Designated		
Agent		1.4.4.4
Mailing Address		
		لتتتب
	CITY STATE ZIP (	CODE
Title or Position		
	Telephone number	J-L
Banks or Other safety deposit bo Name of Bank, I	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds access or maintains funds.  Depository, etc.	ounts, rents
	· -	
Mailing Address		
		لببب
		]-[]
	CITY STATE ZIP	CODE
Name of Bank,	Depository, etc.	
	Li	
Mailing Address		
	CITY STATE ZIP	CODE

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57.

FEC Form 1S (Revised 02/2017)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9	Page <b>of</b>
5(g) or (h). <b>Joint Fundraising Particip</b>	pant:	
1.	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C
6. Name of Any Connected Organiza	ntion, Affiliated Committee, Joint Fundraising Representativ	ve, or Leadership PAC Sponsor
	<u> </u>	
Mailing Address	<del> </del>	
	<u> </u>	<u> </u>
Relationship:  Connected Organiza	CITY ▲ STATE ▲ ation Affiliated Committee oint Fundraising Represen	
B. Designated Agent: Identify by name	e, address (phone number – optional)	
Full Name		
Mailing Address		
Lii	<u> </u>	
TITLE OR POSITION ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone Number	
9. Banks or Other Depositories: List safety deposit boxes or maintains fu  Name of Bank,	all banks or other depositories in which the committee depos ands.	its funds, holds accounts, rents

Name of Bank,
Depository, etc.

Mailing Address

CITY 

STATE 

ZIP CODE 

ZIP CODE 

STATE 

ZIP CODE 

STATE 

ZIP CODE 

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STATE 

ZIP CODE 

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2019 OCT 15

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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No Postmark					
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	•	Business Day Delivery			
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Date of Receipt  Received from Senate Public Records Office					
Received from Electronic F	Filing Office	Date of Receipt			
Other (Specify):	Da	ite of Receipt or Postmarked			
al		10-16-9			
PREPARER		DATE PREPARED			
(3/2015)					