

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE  
09 DEC 22 PM 2:59

Office Use Only

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

CHUCK FLUME FOR SENATE

ADDRESS (number and street) 208 N RING DOVE DR

(Check if address is changed)

LAS VEGAS NV 89144

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

chuck@chuckflumeforSenate.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.chuckflumeforSenate.com

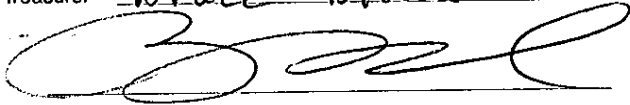
2. DATE 11 02 2009

3. FEC IDENTIFICATION NUMBER C

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 Bruce Bloch

Signature of Treasurer 

Date 11 02 2009

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 Use Only |  |  |  |  |
|-----------------|--|--|--|--|

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

29020443959



Write or Type Committee Name

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

CHUCK FLUME FOR SENATE

Mailing Address

4051 TERRACE DR  
WAUKESHA WI 54601

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

TREASURER

Mailing Address

Title or Position

CITY STATE ZIP CODE

Telephone number

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

BRUCE DUANE BLOCH

Mailing Address

1401 HILLSHIRE DR SUITE 150  
LAS VEGAS NV 89134

Title or Position

TREASURER

Telephone number 702-942-4811

29020443861

Full Name of Designated Agent

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line]

Telephone number

[Empty grid line]

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.

WELLS FARGO BANK NA

Mailing Address

1900 VILLAGE CENTER CIRCLE

[Empty grid line]

LAS VEGAS NV 89134

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

29020443962

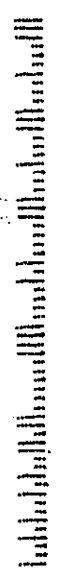
Number 9929443263  
88 N. Ring Dove Dr  
Las Vegas, NV 89144

LAS VEGAS NV 890



**SCREENED  
BY THE SENATE  
POST OFFICE**  
Secretary of the Senate  
Office of Public Records  
P.O. Box 2517  
Alexandria, Va 22301

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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| UPS              | _____         | <input type="checkbox"/>   |
| DHL              | _____         | <input type="checkbox"/>   |
| AIRBORNE EXPRESS | _____         | <input type="checkbox"/>   |

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PREPARER **DH** DATE PREPARED **12-2-09**

29020443964

29020443965

