Federal Elections Commission Reports Analysis Division 999 E Street NW Washington, DC 20463 RECEIVED June 20, 2014
2014 JUN 26 AM 5: 48
EEC MAIL CENTER

Reports Analysis Division,

I am filing my FEC form 1, Statement of Organization. However, I have not crossed the \$5000 threshold in funds raised. I have also not crossed the spending threshold of \$5000, but I have ordered NGPVAN software to aid compliance. This required a credit card to hold and start their process, but these bills will not post to the credit card until August. Either way, if one included the immediate charge to the credit card, my amounts spent would still be under \$5000 by June 30. My fund raising is planned to start July 1, so my amounts raised will be under \$5000 by June 30, 2014. After speaking with Chris at FEC information line, I understand this to mean I am not supposed to file the second quarter report with the FEC.

I want to file the FEC form 1 so that I can receive an FEC Identification Number to start entering data to file electronically. I want to be transparent and compliant with all my finances in this campaign. If I receive them, I can even try to file a second quarter report, although I will be under the \$5000 threshold.

Thank you for your assistance in this matter, and please contact me for any questions regarding my candidacy.

Sincerely,

C. Jeffrey Holmes, MD Jeff/Holmes for Congress Candidate #: H4MI04134

14031251119

STATEMENT OF ORGANIZATION

FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2014 JUN 26 AM 6: 48
NAME OF COMMITTEE (in full)	(Check if name Example:If typing, type is changed) ever the lines.	12FE4M5 MAIL CENTER
JEFF HOLD	MES FOR CONGRESS	· · · · · · · · · · · · · · · · · · ·
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ADDRESS (number and stre	H41818 ARCADA DR	
(Check if address is changed)	SS	
·	CITY A	MI 4,8,8,0,1-4,5,9,3) STATE A ZIP CODE A
COMMITTEE'S E-MAIL AL	DDRESS	•
(Check if addressis changed)	ss jeffholmes.4congresss	agmail - Com
-	Optional Second E-Mail Address	· 1
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COMMITTEE'S WEB PAG (Check if address is changed)	`	2 SI SI CI CI O IMI
2. DATE	D / Y Y Y	
3. FEC IDENTIFICATIO	ON NUMBER ▶ C	
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
certify that I have examin	ned this Statement and to the best of my knowledge and belief it	t is true, correct and complete.
Type or Print Name of Tre	asurer Grea S Mapes	· · · · · · · · · · · · · · · · · · ·
Signature of Treasurer	Coplyfor	Date 06 20 2014
NOTE: Submission of false,	erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	· · · · · · · · · · · · · · · · · · ·
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact: FFC FORM 1

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	COMMITTEE	
Candidat	e Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candidate	CHARLES JEFFREY HOLMES	<u> </u>
Candidate Party Affilia	tion DEM Office X House Senate President	State MT District 04
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District O _j ,
Name of Candidate		
Dorty Co		
Party Co	(National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political .	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	onnected 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 committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	<i>:</i>
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising 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 committees/organizations, none of which is an authorized committee of a federal candidate.	
	•	
Cor	nmittees Participating in Joint Fundraiser	n n
1.	FEC ID number C	ni At
2.	FEC ID number C	ц
3.		и ј и
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4.	FEC ID number C	

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FEC Form 1 (Revised 02/2009)	Page 3			
Write or Type Committee Name JEFF JOLMES FOR CONGRESS				
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
Mailing Address				
CITY STATE	ZIP CODE			
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor			
 Custodian of Records: Identify by name, address (phone number optional) and position of the person i books and records. 	n possession of committee			
Full Name GREG S MAPES				
Mailing Address 420 FAIRLANE				
BLMA	8,8,0,11-			
Title or Position CITY STATE	ZIP CODE			
TREASURER Telephone number 989	-4631-42851			
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	ne name and address of			
Full Name GREG S. MAPES				
Mailing Address 420 FAIRLANE				
CITY STATE	8,8,0,1,1 ZIP CODE			
Title or Position Telephone number 989	-4631-42807			

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FEC Form 1 (Revise	30 02/2009)		rage 4
Full Name of Designated Agent	HANTEL JOHN HOLMES.		
Mailing Address	HH88 ARCADA DR	1.1.1.1	
	ALMIA. CITY	STATE	48801-9593 ZIP CODE
Title or Position LAISISI SITIGINIT	TRIEIAISIUI RER Telephone r	number 2	8,91-14,6,31-16,7,6,61
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the commintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank, Depository,	etc.		
Con	MERCIAL BANK		· · · · · · · · · · · · · · · · · · · ·
Mailing Address	1500 WRIGHT AVE		
	P.O. B.O.X. 638		
	<u>ALMA</u>	MI	4.8.8.011-10.63.81
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
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Mailing Address		<u>. L. i L</u>	
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		Lil	السيا-السيا
	CITY	STATE	ZIP CODE

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