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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED.

2012 MAR 5 AM 9: 04

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	FEC MAIL CENTER		
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CIRIL MIMILINIS FOR CIONGRESIS						
ADDRESS (number and street)	190 BOX 1719	1.2	1 1 1 1 1			
(Check if address						
is changed)	SAN DIEGO	<u> </u>	CAL	9,2,1,6,7,-		
	•	CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e	-mail address)				
(Check if address	CRILIMIMITIALSIF	ORCONGRIES.	SIEIGIMIAILI	LICOMI		
is changed)			·			
COMMITTEE'S WEB PAGE AD	DDESS (HDL)					
COMMITTEES WED TAGE ADI		ILLANSI FIOIRI CIOINI	SID IFICION			
(Check if address is changed)		TO STRONG COMM				
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2. DATE 0.3 0	3 2.6.1.2					
3. FEC IDENTIFICATION N	JMBER C					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	-			
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief	it is true, correct a	and complete.		
Type or Print Name of Treasure	MICHAEL	CRIMMINS				
Signature of Treasurer	Michael Cumm		Date 0.3	03 2012		
NOTE: Submission of false, errone	ous, or incomplete information ANY CHANGE IN INFORMATION			he penalties of 2 U.S.C. §437g.		
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

_	EC Ear	m 1 (Revised 02/2009) CRIMMINS FOR CONGRESS CA-5/ Page 2
_	·	OMMITTEE
Can	didate	Committee:
(a)	X	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. (Complete the candidate information below.)
Name Cand		MICHAEL CRIMMINIOS
Candi Party	idate Affiliatio	on REP Office State CA Sought: House Senate President District 5.1
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	v Com	mittee:
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
(6)		This committee is a separate segregated fund, (identify comfected organization of line o.) its confected 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 ie NOT a separate segregated fund or party 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.)
Joint	Fund	raising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Comr	mittees Participating in Joint Fundraiser
	1.	FEC ID number
•	2.	FEC ID number

FEC ID number C

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Write or Type Committee Name		
CRIMMIN FO	R CONGRESS	CA-51
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
		1111111
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
(Jennysti)	Uhrmedd Characht Menodell	
7. Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in pos	ssession of committee
ال مد د ۱۸۵		1
Full Name	A.E.L. CIRIL MIMIL INISI	1 1 1 1 1 1
Mailing Address	CRIMMINUS IFIORICIONIGIRIESIS	
	$[P_1O_1 \mid B_1O_1 \times \mid P_1O_1 \times \mid$	
	SIANU DILEGIO CIA 91211	<u> 6,7</u> -
Title or Position	CITY STATE	ZIP CODE
CAMBILIBIAITIEL		22-1160
 Treasurer: List the name and any designated agent (e.g., a 	address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	me and address of
Full Name of Treasurer M:1.C./	IAIEILI GRI/MIMINIJOISI IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Mailing Address	CRIMMINUS FIORI CONGRESS	
	1P16: 1B16:X: 17:9:1.Z: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	SAN DIEGO [921	6.7-
Title or Position		ZIP CODE
_	Telephone number 61/19-2	<u> </u>

FEC Form 1 (Revised 02/2009)		Page 4	
CRIMMIN	S FOR CONGRESS		CA-51
Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Telephone	number <u>ı</u>	
Banks or Other Depo	esitories: List all banks or other depositories in which the com	mittee deposits	funds, holds accounts, rents
safety deposit boxes or	r maintains funds.		
safety deposit boxes of Name of Bank, Deposi	itory, etc.		
safety deposit boxes of Name of Bank, Deposi	ELLIS FARIGIO BANK I		
safety deposit boxes of Name of Bank, Deposi	itory, etc.		
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Federal Election Commissio ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to income	MING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 3 /2/12
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature (Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bu	usiness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	e of Receipt or Postmarked
br	3/2h
(3/2005)	DATE PREPARED