Mathews County Democratic Committee CENTER P.O. Box 1111 Mathews, VA 231092018 JUL -9 AM 11: 59

July 3, 2018

Federal Election Commission 1050 First Street, NE Washington, DC 20463

Ladies/Gentlemen:

Enclosed please find FEC Form 1, Statement of Organization, on behalf of the

Mathews County Democratic Committee. Thank you.

Very truly yours,

Helen R. Keitz

Helen R. Keitz Treasurer (804) 384-8040 keitz@verizon.net

Enclosure

Harrin B., Karrin Harrin K., Karrin (1933) A. A. Karrin (1933) A. Karrin K., K (1934) A. Karrin K., K (1934) A. Karrin K., K

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FEC FORM 1	STATEMEN ORGANIZ		RECEIVED FEC MAIL GENTER 2018 JUL - 9 AM 11: 59
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Mathews Co	NUNTY DEMOC	ratic Comm	1ttee
	· · ·		
ADDRESS (number and street)	PO BOX 111		
 (Check if address is changed) 			
is changes,	M <u>atheus</u>		VIA Z3/09 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDF	RESS		
 (Check if address is changed) 	eydieredo	a01C0M	
	Optional Second E-Mail Add $r_{1}K_{1}e_{1}n_{1}t_{1}W_{1}n_{1}n_{1}$		0 M
COMMITTEE'S WEB PAGE A	DDRESS (URL)		
 (Check if address is changed) 	NA		
2. DATE 76	30 2018		
3. FEC IDENTIFICATION		0155952	
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 Treasu	ner <u>Helen Keitz</u>		-
Signature of Treasurer	Kelen Kei	5	Date 06 30 2018
NOTE: Submission of false, erro		may subject the person signing t ION SHOULD BE REPORTED V	his Statement to the penalties of 52 U.S.C. §30109. VITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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FEC Form 1 (Revised 02/2009)

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		MITTEE ommittee:					
(a)	. [.] Т	his committee is a princ	ipal campaigr	n committee. (Comple	te the candidate i	nformation belo	w.)
(b)		his committee is an aut nformation below.)	horized comm	ittee, and is NOT a	principal campaigr	o committee. (Co	omplete the candidate
Name c Candida				<u></u>	<u>_] } i i ! ! !</u>	<u></u>	
Candida Party A			Office Sought:	House	Senate	, President	State
(c)	т	his committee supports/	opposes only	one candidate, and	is NOT an authori	zed committee.	
Name o Candida							
Party	Comm	ittee:			· · · · · ·		
(d)	Т	his committee is a	SUB	(National, State or subordinate) cor	mmittee of the	DEM	(Democratic, Republican, etc.) Party.
Politic	al Acti	on Committee (PAC	C):				
(e)	т	his committee is a sepa	rate segregate	ed fund. (Identify con	nected organizatio	n on line 6.) Its c	connected organization is a:
		Corporation		. Corporat	ion w/o Capital St	ock	Labor Organization
		Membership Orga	anization	Trade As	sociation		Cooperative
		In addition	, this committe	ee is a Lobbyist/Regis	trant PAC.		
(f)		his committee supports/ ommittee. (i.e., nonconne			andidate, and is N	IOT a separate	segregated fund or party
		In addition, this co	mmittee is a Lo	obbyist/Registrant PA	.C.		
		In addition, this co	mmittee is a L	eadership PAC. (Iden	tify sponsor on line	96.)	
loint E	undrai	sing Representativ		W		• • • • • •	····· •
(g)	Т	nis committee collects co	ntributions, pa				
(h)		is committee collects committees/organizations,					two or more political
(Commit	tees Participating in J	Joint Fundra	iser			
	1.					umber C	
:	2.					umber C	- ·
:	3.				FEC ID nu	ımber C	· . · ·
4	4.				FEC ID nu	imber C	· · · · · ·
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Write or Type Committee Name

Mathews Count	ty Democratic Com	wittee	
	J Drganization, Affiliated Committee, Joint		, or Leadership PAC Sponsor
Mailing Address			
		STATE	
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number c	optional) and position of the p	person in possession of committee
Full Name Hielie	en Kientz		
Mailing Address	PO BOX 11/1		
			<u> </u>
	Mathews	I VA	231:09-
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	04-384-8040
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of th assistant treasurer).	ne treasurer of the committee	e; and the name and address of
Full Name of Treasurer	EN KIELTZ	_ <u></u>	
Mailing Address	PO BOX 1111	<u>i i i j l l i i i</u>	
	Mathews CITY	STATE	2:31.09-
Title or Position		Telephone number	04-384-8040

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Full Name of Designated Agent	L	1 <u>i</u>				L				<u> </u>			1																						i	1
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Title or Position																																				
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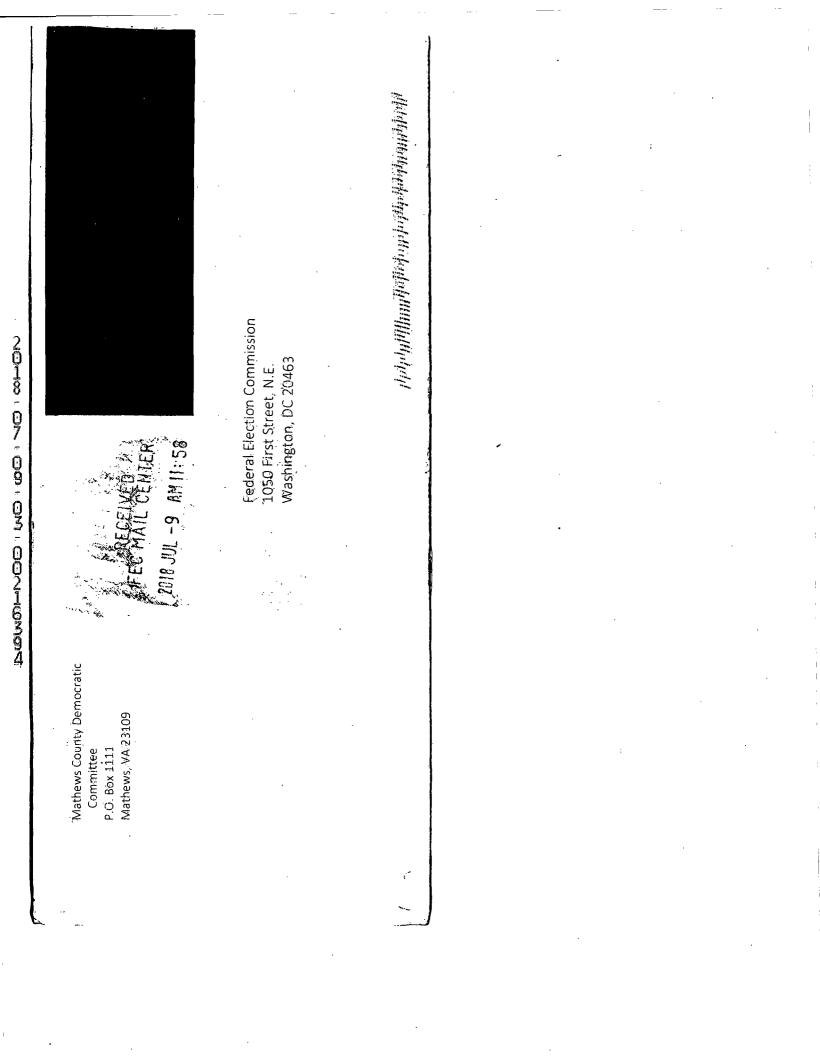
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

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Name of Bank, I	Depository, a	etc.		<u></u>																								
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ENVELOPE REPLAC		mission R INCOMING DOCUMENTS g to indicate how it was received.
Hand Delivered		Date of Receipt
	Postmarked	Date of Receipt
USPS First Class Mail	7-3-18	7-9-18
USPS Registered/Certifie	d	Postmarked (R/C)
USPS Priority Mail		Postmarked
		٠ ٤.
USPS Priority Mail Expre	 SS	Postmarked
Postmark Illegible		
No Postmark		
Overnight Delivery Servic	e (Specify):	Shipping Date
	1	Next Business Day Delivery
Received from House Re	cords & Registration	Date of Receipt n Office
Received from Senate Pu	ublic Records Office	Date of Receipt
Received from Electronic	Filing Office	Date of Receipt
Other (Specify):		Date of Receipt or Postmarked
nt		7-9-18
PREPARER		DATE PREPARED
(3/2015)		