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FEC FORM 1

STATEMENT OF ORGANIZATION

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

COMMITTEE TO ELECT MICHAEL DELAVAR

ADDRESS (number and street) PO BOX 1255

(Check if address is changed) WASHOUGAL WA 98671 0927

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) treasurer@michaeldelavar.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.michaeldelavar.com

(Check if address is changed)

2. DATE 11 6 2013

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 MICHAEL JUSTIN CUMMINS

Signature of Treasurer *MJ Cummins*

Date 11 06 2013

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.

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

FEC FORM 1 (Revised 02/2009)

13031140452

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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 of Candidate **MICHAEL ROBERT DELAVAR**

Candidate Party Affiliation **REP** Office Sought: House Senate President State **WA** District **03**

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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 Fundraising 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.

Committees Participating in Joint Fundraiser

- 1. FEC ID number **C**
- 2. FEC ID number **C**
- 3. FEC ID number **C**
- 4. FEC ID number **C**

13031140453

Write or Type Committee Name

COMMITTEE TO ELECT MICHAEL DELAVAR

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

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 **MICHAEL JUSTIN CUMMINS**

Mailing Address **2122 CENTER AVE**

MADISON

WI

53704

5623

CITY

STATE

ZIP CODE

Title or Position **TREASURER**

Telephone number **360 991 6919**

13031140454

Full Name of Designated Agent

MICHAEL ROBERT DELAVAR

Mailing Address

PO BOX 1255

WASHOUGAL

CITY

WA

STATE

98671

0927

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

360

771

4859

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.

JP MORGAN CHASE

Mailing Address

270 Park Avenue

New York

CITY

NY

STATE

10017

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Recipient's Copy

1 From

Date **11/07/13**

Sender's Name **Michael Curran** Phone **360 991-6919**

Company **Comm. Hse to Elect Michael Delaware**

Address **2122 Center Ave.**

City **Madison** State **WI** ZIP **53704-5623**

2 Your Internal Billing Reference

3 To Recipient's Name _____ Phone _____

Company **Federal Election Commission**

Address **999 E ST NW**

City **Washington** State **DC** ZIP **20543**



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FedEx 2Day
FedEx Express Saver
FedEx Envelope*
FedEx Pak*

5 Packaging
No Signature Required
Does this shipment contain dangerous goods?
No
Yes

6 Special Handling and Delivery Signature Options
SATURDAY Delivery
Direct Signature
Indirect Signature
Signature Required
Signature Declaration
Signature Required

7 Payment Bill to:
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Account No. in Station
Recipient
Third Party
Credit Card
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Federal Election Commission
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 PREPARER

11/12/13
 DATE PREPARED

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