Θ **N** 031142 M

FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

RECEIVED

FEC FORM 1

(Revised 06/2012)

			20	13 Blic usbonAM 11: 22		
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	PEC MAIL CENTER		
TIBBIS FOR	1C101N1G1R1E15151 1	DIAIVITIDI ITITIBIBIS	I FOR	1C101NGR 555		
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ADDRESS (number and street)	18,5,5, 5, H,A,R,	OIN, IVIAILILIEIY, IR	$O_1A_1D_1$			
(Check if address is changed)						
0 /	WEWARK CITY		O_H STATE ▲	43055 - 2860 ZIP CODE▲		
COMMITTEE'S E-MAIL ADDRI	ESS					
(Check if address is changed)	DITIIBBISBG	MA, I, L, -, C, O, M, , ,	<u> </u>			
	Optional Second E-Mail A $[T_1N_1F_1O_1G_1T_1T_1B_1]$	iddress B _I S _I F _I O _I R _I C _I O _I W _I G _I R _I E	₁ 5 ₁ 5 ₁ -1C ₁ 0	2.14		
COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) [W W W • T I B B S F O R C O N G R E S S • C O M						
·			:]	Phone (7440) 366-901 3 Fax (7440) 366-5230 -mail: ceo@vhone.net cta@ee.net		
2. DATE 1 1 2	7 2013	2	Savid A. [Tibbs		
3. FEC IDENTIFICATION N	IUMBER ▶ C	855 Sharon Valley Newark, Ohio 430	Road 55-2860	. ~		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined	this Statement and to the be	st of my knowledge and belief it	is true, correc	ct and complete.		
Type or Print Name of Treasur	er DAVID A. 7	ibbs				
Signature of Treasurer	Dail arthur &	Tillo	Date (l'27'2òi3		
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		For further information c	ontact:	SEC FORM 1		

Federal Election Commission Toll Free 800-424-9530

Local 202-694-1100

		1 490 1					
	-	OMMITTEE					
	didate	: Committee:					
(a)	V	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candid information below.)						
Name Cand		[D,A,V,I,D,A,R,T,H,U,R,T,I,B,B,S,]					
Cand Party	lidate Affiliati	on DEM Office State President District 1.2					
(c)	·	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of lidate						
Part	y Con	nmittee:					
(d)	:	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.					
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is					
		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.)					
Join	t Fund	Iraising Representative:					
(9)	÷ .	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)	ÿ	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.					
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number C					
	2.	FEC ID number C					
	2. 3.	FEC ID number C					

٧	Write or Type Committee Name					
	TIBBS FOR	CONGRESS				
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
L						
L						
	Mailing Address					
	•					
		CITY STATE ZIP CODE				
	Relationship:	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				
	व र्गार्थि	Connect Knownik				
 7.	Custodian of Records: Idea	ntify by name, address (phone number optional) and position of the person in possession of committee				
	books and records.					
	Full Name DAV	ID ARTHUR TIBBS				
	Mailing Address	B, 5, 5, 15, H, A, R, O, N, 1V, A, L, L, E, Y, 1R, O, A, D, 1, 1, 1, 1, 1, 1, 1				
	Walling Address					
	1	W.E.W.A.R.K.				
	Title or Position	CITY STATE ZIP CODE				
	CIUIS FODITIAINI	Telephone number 7,4,0 - 3,6,6 - 9,0,7,3				
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).				
	Full Name of Treasurer	GD, A, R, T, H, U, R, T, I, B, B, S,				
	Mailing Address	18,5,5, S, H, A, R, O, N, V, A, L, L, E, Y, R, O, A, D,				
		NEWARK 143055-2860				
	Title or Desition	CITY STATE ZIP CODE				
	Title or Position $[T_1R_1E_1A_1S_1U_1R_1E_1R_1]$	Telephone number 7,40-3,66-9,0,1,3				

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Full Name of Designated

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1000



355 Sharpy valley Road New 14, 04 43055-2860

JAVID TIBBS FOR CONGRESS

15031142574

Return Reseipt Requested

Showing Address Witers Delivered

WAShington, DC 20463-0001

999 "E" Street

Federal Election Commission (FEC

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Overnight Delivery Service (Specify):	Shipping Date			
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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			
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R	12/6/13			
PREPARER (8/2013)	DATE PREPARED			
(5.25.5)	i			