FEC FORM 1

## STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

FORM 1		On				11					Of	fice Use (		AIL	CEN
NAME OF COMMITTEE (in	full)		eck if nam nanged)	е		ple:If ty he lines		ype	121	FE4M	5				
Irvin for C	ongre	SS .						ـــــــــــــــــــــــــــــــــــــــ	<u> </u>						لب
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ADDRESS (number a	nd street)	311 V	V Cle	yela	anc	<b>st</b>		1 1	<del></del>		11			Ц.	لب
(Check if a is changed)		Versa	illes		<u> </u>				M	9	6	5084	<b>4</b>	10	<b>48</b>
				СП	ΓY				STAT	E		ZII	COD	Œ	
COMMITTEE'S E-MA	AL ADDRES	S (Please pro	vide only	one e-ma	ail addı	ess)									
(Check if	addrace	nate@	<u> Diryi</u>	nfor	çor	gre	<b>\$</b> \$.	çor	η					Ш	
is change			لللل	11	ш		1 3	1_1		. 1 1				щ	لب
COMMITTEE'S WEB		RESS (URL)	irvin	force	οņg	ıreş	s.ç	ϙϻ	1 1 1	1_1		11	<u>                                     </u>	1 1	
(Check if address is changed)					1 1			1 1	<u> </u>			1 1		<u> </u>	لب
2. DATE 04	-	° ′ 20'1 MBER	<b>4</b> °	;											
4. IS THIS STATE	MENT 🔀	NEW (N)	0	R		AME	NDED	(A)							
I certify that I have a	examined thi	s Statement a	and to the	best of	my kn	owledge	e and t	belief it	is true	, сотте	ct and	comple	te.		
Type or Print Name	of Treasurer	Nath	aniel	Irvi	n										
Signature of Treasure	er <u></u>	M				_			Date	04	<b>4</b> " ′	01°	' 2	201	<b>4</b> ′
NOTE: Submission of		ous, or incomp										penalties	of 2 L	J.S.C.	§437g.
Office Use					į F	or furthe	ection C	ommissi				FEC			

	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE B Committee:	
(a)	$\boxtimes$	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an autnorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate
Nam Can	e of didate	Nathaniei Augustus Irvin	
	didate y Affiliati	ion Dem Office	State MO District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	e of didate		
Par	ty Con	nmittee: (National, State (De	emocratic.
(d)		· · · · · · · · · · · · · · · · · · ·	publican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify commetted organization on line 6.) Its connection	cted organization is a:
		Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Assoniation	Cooperativn
		In addition, this committee is a Lobbyist/Registrant PAC.	
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., noncommetted sommittee)	egated fund or party
		In addition, this correnittee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	iralsing Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
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FEC Form 1 /F	Revised 02/2009)	Page 3
Write or Type Committee		, ago —
Irvin for Co		
	nected Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
		, , , , , , , , , , , , , , , , , , , ,
None	<u>, , , , , , , , , , , , , , , , , , , </u>	
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship:	onnected Organization Affiliated Committee Joint Fundralsing Representa	tive Leadership PAC Sponsor
7. Custodian of Recorbooks and records.	rds: Identify by name, address (phone number optional) and position of the po	erson in possession of committee
Full Name	lathaniel Augustus Irvin	
Mailing Address	311 W Cleveland st	
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Versailles	<sub>1</sub> 65084 <sub>1-1</sub> 1048
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	0  868  1965
	name and address (phone number optional) of the treasurer of the committee; at (e.g., assistant treasurer).	and the name and address of
Full Name of Treasurer	lathaniel Augustus Irvin	
Mailing Address	311 W Cleveland st	
	Versailles MO	65084 1048
Title or Position		
Treasurer	Telephone number	08681965

Full Name of Designated Agent	Marie		
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	1		1.1
		Telephone number	1-
Banks or Othe safety deposit b Name of Bank,	r Depositories: List all banks or other depositories in voxes or maintains funds.  Depository, etc.		unds, holds accounts, rents
safety deposit b	oxes or maintains funds.		unds, holds accounts, rents
safety deposit b	Oxes or maintains funds.  Depository, etc.  U.S. Bank		unds, holds accounts, rents
safety deposit to Name of Bank,	Oxes or maintains funds.  Depository, etc.  U.S. Bank		unds, holds accounts, rents

Page 4

Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

	CITY	STATE	ZIP CODE
		ليا ليب	<u> </u>
Mailing Address	L		

STATE

ZIP CODE

CITY

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KANSAS CITY 640 C APR 2014 PM 31

Mate Irvin 311 W. Claveland Versailler Mo 65084

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DATE PREPARED

(8/2013)

**PREPARER**