

FEC FORM 1

STATEMENT OF ORGANIZATION

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

12FE4M5

TOM HORNE for Congress

ADDRESS (number and street)

P.O. Box 593

(Check if address is changed)

Nine Mile Falls

WA

99026

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

tomhorneforcongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

tomhorneforcongress.com

2. DATE

05 / 18 / 2014

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

Thomas M. HORNE

Signature of Treasurer

Thomas M. Horne

Date

05 / 18 / 2014

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 Use Only

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

FEC FORM 1 (Revised 02/2009)

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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 Tom HORNE

Candidate Party Affiliation Rep Office Sought: House Senate President State WA District 05

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

Name of Candidate Tom HORNE

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.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

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Write or Type Committee Name

TOM HORNE for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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 Thomas M. HORNE

Mailing Address 17505 N. Sunnyvale Dr.

[Empty grid lines for address]

Nine Mile Falls WA 99026

Title or Position CITY STATE ZIP CODE

Custodian of records & Candidate Telephone number 509-993-0482

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 Thomas M. HORNE

Mailing Address 17505 N. Sunnyvale Dr.

[Empty grid lines for address]

Nine Mile Falls WA 99026

Title or Position CITY STATE ZIP CODE

Treasurer and Candidate Telephone number 509-993-0482

14031241779

Full Name of Designated Agent

[]

Mailing Address

[]

[]

[] - [] - []

CITY

STATE

ZIP CODE

Title or Position

[]

Telephone number

[] - [] - []

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.

Bank of America

Mailing Address

2504 E, 29th, Ave.

[]

Spokane WA 99026

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[]

Mailing Address

[]

[]

[] - [] - []

CITY

STATE

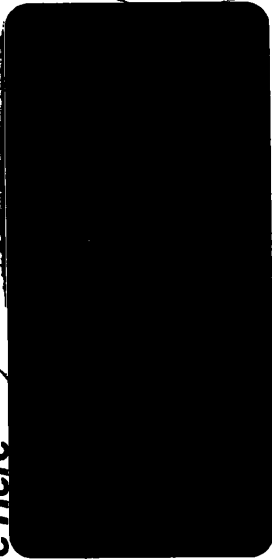
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Federal Election Commission
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Date of Receipt

Other (Specify):

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ASD
 PREPARER
 (8/2013)

5/23/14
 DATE PREPARED

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