## Committee Against Sanctimonious House-Members (C.A.S.H)

www.cashthemout.org

7/1/2016

Federal Election Commission 999 E Street N. W. Washington, DC 20463



To Whom It May Concern,

"Consistent with the stipulated judgment in *Carey v. FEC*, this non connected committee intends to establish two separate bank accounts. One of which will be used to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in the separate unlimited account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees."

As of today the committee has not raised any money/funds for said account and therefore will not report a bank account on attached reporting forms. Once the committee has raised sufficient funds to open a bank account, the committee will do such and will report the banking institution and all other required information to the FEC.

Respectfully Submitted,

Darin Griesey- Treasurer

Committee Against Sanctimonious House-Members DBA (CASH) PO Box 14 7596 N W Shafer Drive Monticello, IN 47960

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FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAIL CENTER 2016 JUL 12 AM 10: 27 Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typin is changed) over the lines.	g, type 12FE4M5
COMMITTEE	AGAINST SANTINON	OJS HOUSE-MEMBERS
(CASH)		
ADDRESS (number and street)	Po Dax 14	
(Check if address is changed)	MONTICEIJO	TN 47960 STATE ZIP CODE
COMMITTEE'S E-MAIL ADDF		
(Check if address is changed)	griesey Dyakoo.c	
	Optional Second E-Mail Address	
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL) CASHTHEMOJTOOMQ	
2. DATE	2/20/6	Д
3. FEC IDENTIFICATION I		77
4. IS THIS STATEMENT		DED (A)
I certify that I have examined	this Statement and to the best of my knowledge an	nd belief it is true, correct and complete.
Type or Print Name of Treasu	Per DARIN Griesey	
Signature of Treasurer		Date Dry OZ ZOL6
NOTE: Submission of false, erro	neous, or incomplete information may subject the personant of the personan	on signing this Statement to the penalties of 52 U.S.C. §30109. PORTED WITHIN 10 DAYS.
Office Use Only		

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FEC Form 1 (Revised 02/2009)

TYPE OF COMMITTEE Candidate Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	- ALE	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Candid						
Candio Party	date Affiliatic	Office Fing France State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candio						
Party	/ Com	mittee:				
(d)		This committee is a or subordinate) committee of the Republican, etc.) Party.				
Politi	ical Ad	ction 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				
		Membership Organization				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	X	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	Fund	raising 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.	La				
	2.					
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	4.					

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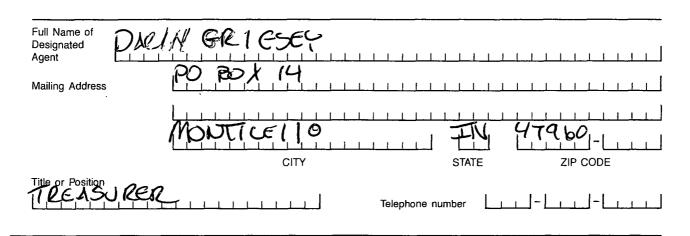
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Write or Type Committee Name	1
HOME COMMETTER AGAINST SAUCTIMONIOUS	HOUSEMENDER
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
<i>Қож</i> е 	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization	eadership PAC Sponsor
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in probooks and records.          Full Name         Mailing Address	
MONTICEILO IN 470	969-L
Title or Position CITY STATE	ZIP CODE
TOERS VREN Telephone number	
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the n any designated agent (e.g., assistant treasurer).</li> </ol>	name and address of
Full Name of Treasurer Mailing Address MOUTTICE II O	
CITY STATE	

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FEC Form 1 (Revised 02/2009)



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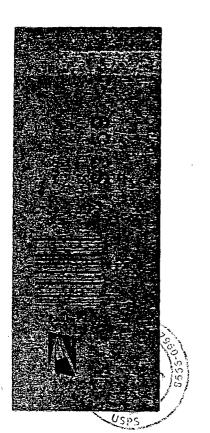
9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

NON	<u>e</u>	
Mailing Address		
		<u></u>
	CITY	STATE ZIP CODE
Name of Bank, Depository,	etc.	
Nov	<u>e</u>	
Mailing Address		
	CITY	STATE ZIP CODE

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RECEIVED FEC MÁIL CENTER 2016 JUL 12 AM IO: 27

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
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USPS Priority Mail Express	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busine	ess Day Delivery			
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			
Date of Other (Specify):	Receipt or Postmarked			
PREPARER A	117MB DATE PREPARED			
(3/2015)				

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