

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12PE4ME

EXPLORATORY CONGRESSIONAL COMMITTEE FOR DAVID HARSEN ORA DAVID HARSEN FOR CONGRESS

ADDRESS (number and street)

PO BOX 214

(Check if address is changed)

OLDWICK

CITY

VT

STATE

08858

ZIP CODE

COMMITTEE'S E MAIL ADDRESS

(Check if address is changed)

CONTACT@ELEETHARSEN.COM

Optional Second E-Mail Address

DAVE@ELEETHARSEN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

DAVIDHARSENFORCONGRESS.COM

2. DATE 11 26 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

DAVID HARSEN

Signature of Treasurer

Date 11 27 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §137g ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact: Federal Election Commission T-11 Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 05/2012)

Mallory W. PO 11/26/13

13031141898

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

DAVID KENNY LARSEN

Candidate Party Affiliation

REP

Office Sought:

House

Senate

President

State

NT

District

7

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

Name of Candidate

Party Committee:

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

Political Action Committee (PAC):

(a) 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.

(b) 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:

(a) 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.

(b) 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 Fundraise:

1. _____; FEC ID number: C
2. _____; FEC ID number: C
3. _____; FEC ID number: C
4. _____; FEC ID number: C

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Write or Type Committee Name

OBA: DAVID LARSEN FOR CONGRESS

EXPLORATORY CONGRESSIONAL COMMITTEE FOR DAVID LARSEN

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

COMMITTEE TO ELECT DAVID LARSEN TO CONGRESS

OBA: DAVID LARSEN FOR CONGRESS

Mailing Address

PO BOX 214

ORONILE

CITY

NJ

STATE

08858

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

DONNA LARSEN

Mailing Address

3 MILLIE DALE RD

LEBANON

CITY

NJ

STATE

08833

ZIP CODE

Title or Position

SECRETARY

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

DAVID LARSEN

Mailing Address

PO BOX 214

ORONILE

CITY

NJ

STATE

08858

ZIP CODE

Title or Position

TREASURER

Telephone number

908 448 0347

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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.

SOVEREIGN BANK

Mailing Address

2512 THIRD AVE

BROOKLYN

NY

11209

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031141901

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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N/A PREPARER	N/A DATE PREPARED
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