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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED Office Use Only

					C	ffice Use Only	
NAME OF COMMITTEE (in full)	20 19	eck if name hanged)	•	ole:If typing, type ne lines.	12FE4MDCT FEC N	25	
~ -					FECF	IAIL UE	HIER
POETTER FO	R. C.O.L	16, R.E.S.S.			11111		لسبب
ADDRESS (number and street)	21/1	DAMA	DR	IVE			
(Check if address is changed)	ليسي						
	DX F.	PRD			STATE A	5,0,5,6 ZIP	CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS						
(Check if address is changed)	POET	TERFOR	R.CO.	MGRESSC	GMAILL.	COM	
	Optional Second E-Mail Address						
COMMITTEE'S WEB PAGE A	DDRESS (URL)						
(Check if address is changed)	DUES	TER. FA	R.C.D.	NGRESS, C	CVIA		1
is changed)	11001	11 617161	7001	MOC C / C	CHAI		
	Liii						
2. DATE 10 22 2013							
3. FEC IDENTIFICATION NUMBER ▶							
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.							
Time on Drivet Name of Transvers (6. 1014)							
Type or Print Name of Treasurer Glenn G. Kymer							
Signature of Treasurer	M	nhe			Date 10	23	2013
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			Fe Fe To	or further information consideral Election Commission of Free 800-424-9530 ocal 202-694-1100	ntact:	FEC FC	_

Pa	a	e	2

TYPE	OF C	OMMITTEE		
Cand	lidate	Committee:		
(a)	X	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 Candid		THOMAS S. POETTER		
Candid Party	date Affiliatio	on DEM Office Sought: V House Senate President District 0.8		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Candid				
Party	/ Con	nmittee:		
(d)	The fact	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.		
Politi	ical A	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 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 ie NOT a separate segregated fund or party committee. (i.e., nonconnected committee)		
In addition, this committee is a Lobbyist/Registrant PAC.				
In addition, (his committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint	Fund	Iraising 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.		
	Com	mittees Pasticipating in Joint Fundraiser		
	1.	FEC ID number C		
	2.	FEC ID number		
	3.	FEC ID number C		
	4.			
		Some a management and the second and		

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Write or Type Committee Name	•	
POETTER	FOR CONGRESS	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsol
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name	HSWEEK.	
Mailing Address .		
		-
Title or Position	OTY	
Title of Position	CITY STATE	ZIP CODE
L	Telephone number	
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	me and address of
Full Name of Treasurer	MH G RYMER	
Mailing Address	6440 FAIRFILELD ROMA	
	OXFORD QH 1450	561-1
The sufficient		ZIP CODE
Title or Position TUEAS WRIEN	Telephone number 51/12 - 5	231-19278

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		·	
Full Name of Designated			
Agent			<u> </u>
Mailing Address			
		11111111	
	CITY	STATE	ZIP CODE
Title or Position	1	1	
		Telephone number	
Mailing Address	LILLILI III		
	CXFORA		451156-
_	CITY	STATE	ZIP CODE
Name of Bank, Depos	sitory, etc.		
L		11111111	
	•		
Mailing Address			<u> </u>
Mailing Address	<u> </u>		
Mailing Address			

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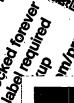
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(8/2013)