14031243989

FEC FORM 1

HAND DELIVERED STATEMENT OF **ORGANIZATION**

RECEIVED

2914 JUN 11 PH 12: 11

			Office Use Only
1. NAME OF COMMITTEE (In full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
KREPP FOR	CONGRESS		
L			
ADDRESS (number and street)	1,837 A ST	S.E	
(Check if address is changed)			
	W.A.S.H. 1. N. G.T. 0	. ~	$\begin{array}{c c} \boxed{D_1C} & \boxed{2_1O_1O_13} - \boxed{1_17_1O_16} \\ \text{STATE} \blacktriangle & \text{ZIP CODE} \blacktriangle \end{array}$
COMMITTEE'S E-MAIL ADDF	RESS		
(Check if address is changed)	Him. Kriepip	QK-1010114	1,.,C,O,M,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Optional Second E-Mail Add	• •	
COMMITTEE'S WEB PAGE A (Check if address is changed)	IMWIWI - KREIPIP	129141169m	
2. DATE 06	2014		
3. FEC IDENTIFICATION	NUMBER ▶ C		
4. IS THIS STATEMENT	Y NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the best	of my knowledge and belief i	it is true, correct and complete.
Type or Print Name of Treasu	urer Claudia Holm	:[[
Signature of Treasurer	Claude Holm	M	Date O G O S D I Y
NOTE: Submission of false, error	· · · · · · · · · · · · · · · · · · ·	may subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	CCL CLASU I

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		OMMITTEE
Can	didate	e Committee:
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
(p)	1 5	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Candi		TILMOTHY JAMES KREPP
Candi Party	ioate Affiliati	on IND Office State Senate President District
(c)	ارسا داست	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	nmittee:
(d)		(National, State (Democratic, Figure 1) This committee is a committee of the committee of t
Polit	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 Orgunization 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 spensor on line 6.)
Joint	t Fund	iralsing 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 fadoral 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	nmittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	FEC ID number C

j.	ireasurer: List the name and address (phone number — optional) of the treasurer of the committee; and the name and address (
	any designated agent (e.g., assistant treasurer).

Full Name ICALAWO, I, A, H, O, C, W, I, G L, of Treasurer Mailing Address , AS, H, I, NGITIOIN ZIP CODE Title or Positioo

TREASURER

403124399

202-494-7676 Telephone number

FEC Form 1	(Revised 02/2009)		Page 4			
Full Name of Designated Agent	RIJAM :					
Mailing Address	11.11.11.31 1 S.T. S.G.					
	WASHING TON D.	_ <u></u>				
	CITY	STATE ZOO	O3-			
Title or Position	Z I I I I I I I I I I I I I I I I I I I	hone number Z O Z - B i	21-2101			
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, Dep	ository, etc.					
<u> </u>	86,445, FARGO,					
Mailing Address	[2,1,5, ,P,E,MN,5,Y,L,V,A,N,1,A	A, v, E,S, E,	لبسيب			
	W. A. S. H. 1-N 6T, QN	10/ 200	السا-لات			
	CITY	STATE	ZIP CODE			
Name of Bank, Dep	ository, etc.					
l						
Mailing Address	1					
Maining Address						
	1					
	CITY	STATE	ZIP CODE			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate how		li .	
Hand Delivered	Date of	Receipt /	
	6/1	1114	
USPS First Class Mail	Postmaı	ked	
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Next Business Da	ay Deliv	ery	
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	
Other (Specify):	ipt or Po	stmarked	
8p	61	11/14	
PREPARER (8/2013)	DATE F	PREPAREI	<u> </u>