FEC FORM 1	STATEMENT O		PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name Exampl is changed) over the	e:If typing, type 12FE4M5 e lines.	
Kate for Cong	ress		
ADDRESS (number and sti	801 Islington St		
(Check if addre			
is changed)	Portsmouth	NH 03801	
		STATE A	ZIP CODE
COMMITTEE'S E-MAIL A	DDRESS		
(Check if addre	han an a la ith @ ann a it a san		1
is changed)	Optional Second E-Mail Address		
(Check if address is changed)	SS		
2. DATE 02	26 [/] Y Y Y Y 2018		
3. FEC IDENTIFICATIO	ON NUMBER ► C C00671289		
4. IS THIS STATEMEN	NEW (N) OR	AMENDED (A)	
I certify that I have exam	ned this Statement and to the best of my know	wledge and belief it is true, correct and comp	lete.
Type or Print Name of Tre	asurer Campbell, Bryan, L, ,		
Signature of Treasurer	Campbell, Bryan, L, , [El	ectronically Filed] Date 02 26	D / Y Y Y Y Y 2018
NOTE: Submission of false	erroneous, or incomplete information may subject ANY CHANGE IN INFORMATION SHOUL		es of 2 U.S.C. §437g.
Office Use Only	Fee Toll	Jeral Election Commission	FORM 1 sed 06/2012)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	e 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. (Com information below.)	plete the candidate
	ne of didate	Harris, Katherine, Moore, ,	
	didate y Affiliati	on IND Office Sought: K House Senate President	State NH District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	ne of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Name

Kate for Congress

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

Mailing Address			
	CITY	STA	TE ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Repre	sentative 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.

Campbell,	Bryan, L, ,
Full Name	
Mailing Address	801 Islington St
	Ste 32
	Portsmouth NH 03801
Title or Position	CITY STATE ZIP CODE
Treasurer	603 431 0025 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	Campbell, Bryan, L, ,	
Mailing Address	801 Islington St	
	Ste 32	
	Portsmouth	I
		_
	CITY STATE ZIP CODE	_

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																	1			1			I		1			_
Mailing Address																												
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									CI	ΓY								ST/	λΤΕ				ZI	> C	OD	Ε		
Title or Position																												
													Tele	eph	ione	e ni	umt	ber			_							

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.

Fede	ral Savings Bank	
Mailing Address	633 Central Ave	
	Dover	NH 03820
	CITY	STATE ZIP CODE
Name of Bank, Depositor	, etc.	
Mailing Address		
	CITY	STATE ZIP CODE