FEC FORM 1

STATEMENT OF ORGANIZATION

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2024 AUG -1 AM 10: 41
Office Use Only

12FE4M5

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

FOR AMERICA'S HEALTH 2024

ADDRESS (number and street) (Check if address is changed)

12224 NE BEL RED RD.

UNIT 504

CITY	STATE	ZIP CODE
BELLEVUE	WA	98005-

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed)

FORAMERICASHEALTH2024@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

FORAMERICASHEALTH2024.COM

202408019700463052

2. DATE 07 31 2024

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT X 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 Rita Krichevsky, MD, MSPH

Signature of Treasurer [signature] Date 07 31 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

5. TYPE OF COMMITTEE:

Candidate 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 of Candidate: RITA KRICHEVSKY MD MSPH

Candidate Party Affiliation: DEM

Office Sought: House Senate X President

State

District

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

Name of Candidate

Party Committee:

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

Political Action 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 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.)

(g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) 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.

(j) 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. C

2. C

202408019300479053

Write or Type Committee Name

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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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: RITA KRICHEVSKY MD MSPH

Mailing Address: P. O. BOX 504

BELLEVUE | WA | 98009

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

CANDIDATE

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: RITA KRICHEVSKY MD MSPH

Mailing Address: P. O. BOX 504

BELLEVUE | WA | 98009

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

CANDIDATE

Telephone number

202408019030047 90 54

Full Name of Designated Agent: RITA KRICHEVSKY MD MSPH

Mailing Address: P. O. BOX 504

BELLEVUE | WA | 98009-

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

CANDIDATE

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.

WSFS BANK

Mailing Address: 500 DELAWARE AVE

WILMINGTON | DE | 19801-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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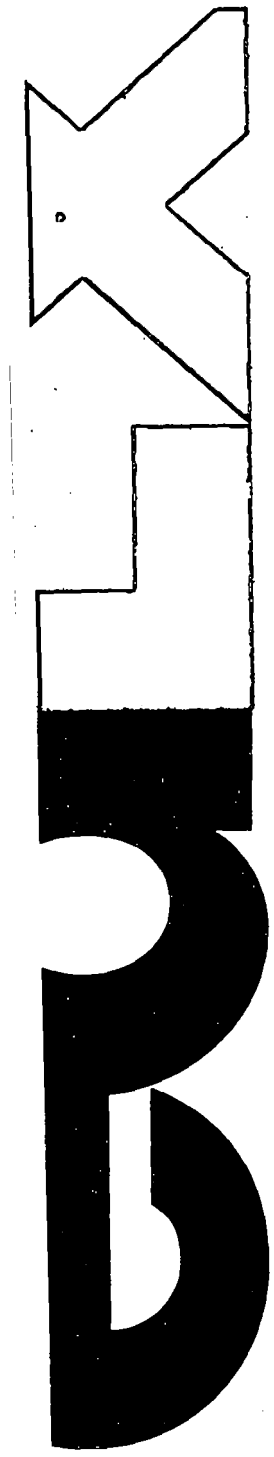

Envelope

ecycle me.

RT 724 2 17:00 7172 08.01 FZ

ORIGIN ID:SMXA (000) 000-0000
DR. RITA KRICHEVSKY

12224 NE BEL RED RD
UNIT 504
BELLEVUE, WA 98005
UNITED STATES US

SHIP DATE: 31JUL24
ACTWGT: 0.15 LB
CAD: 6570326/RDSA2550

Part # 156297-435 RADB2 EXP 05/25

TO **FEDERAL ELECTION COMMISSION**

1050 FIRST ST NE

WASHINGTON DC 20002

(202) 694-1100 REF:
INV:
PO: DEPT:

FedEx Express

TRK# 0201 **7777 2140 7172**

THU - 01 AUG 5:00P
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20002
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Federal Election Commission

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PREPARER: WBD

DATE PREPARED: 8/1/24

(4/2023)

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