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STATEMENT	OF
ORGANIZATI	ON

FORM 1		ORGANIZ	ATION						
						Ot	fice Use	Only	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing over the lines.	, type	12FE4	4M5			
Kauffman fe	or Con	gress							
ADDRESS (number a	nd street)	300 Bedford St							
(Check if a is changed		Ste 504							
	·)	Manchester CITY ▲				031			<u> </u>
COMMITTEE'S E-MA		S							
(Check if a is changed		kauffmanforcongress@	gmail.com						
		Optional Second E-Mail Add	dress						
COMMITTEE'S WEB	address	PRESS (URL)							
2. DATE		D / Y Y Y Y 2022							
3. FEC IDENTIFIC	Cation NU	MBER ► C co	00803601						
4. IS THIS STATEN	IENT	NEW (N) OR	× AMEND	ED (A)					
I certify that I have e	examined thi	s Statement and to the best	of my knowledge an	d belief it is	s true, co	rrect and	comple	ete.	
Type or Print Name of	of Treasurer	Brush, Brandon, , ,							
Signature of Treasure	er Brush,	Brandon, , ,	[Electronically	Filed]	Date	M M /	09		2022
NOTE: Submission of	false, errone	ous, or incomplete information ANY CHANGE IN INFORMA					penalties	s of 52 U	.S.C. §3010
Office Use Only			For further inf Federal Electio Toll Free 800-4 Local 202-694-	n Commission 24-9530			-	FORM ed 06/201	

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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 information below.)	the candidate
	Name of Kauffman, Jeremy, , , Candidate	
	Candidate Party Affiliation LIB Office Sought: House Senate President	State NH District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (National, State (Democratic committee) (d) This committee is a Image: Committee of the committee of t	atic, an, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
	Corporation Corporation w/o Capital Stock	r Organization
	Membership Organization Trade Association Coop	erative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)	

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

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

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

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

Joint Fundraising Representative:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С 2.

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Write or Type Committee Name

Kauffman for Congress

6.	Name of Any Connecte	d Or	gar	niza	tion	ı, A	ffili	iate	d	Co	mn	nitt	ee,	Jo	oint	F	unc	Ira	isir	ng	Re	pre	sei	nta	tive	e, o	or L	.ea	deı	ship) P	AC	Sp	on	sor	
															1]
	Mailing Address			<u> </u>																																
																											L									
										С	'TI	Y 🖌											ST/	AT E						ZI	ΡC		DE			
	Relationship: Conne	cted	Orga	aniz	atio	n		Affi	liat	ed	Or	gar	niza	tior	ı		Jo	oint	Fu	ndr	aisi	ing	Re	pre	sen	itati	ve			Lea	ıdeı	rshij	ρP	AC	Spo	nso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Brush, Bra	idon, , ,						
Full Name							
Mailing Address	300 Bedford St						
	Ste 504						
	Manchester NH 03101						
	CITY ▲ STATE ▲ ZIP CODE ▲						
Title or Position ▼							
Treasurer 716 417 0925 Telephone number - <t< th=""></t<>							

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	Brush, Brandon, , ,								
of Treasurer									
Mailing Address	300 Bedford St								
	Ste 504								
	Manchester NH 03101								
	CITY ▲ STATE ▲ ZIP CODE ▲								
Title or Position ▼									
	Telephone number 716 417 0925								

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Full Name of Designated Agent	Nelson, Conrad, , ,	
Mailing Address	48 Marcel Rd	
	Mason NH 03048	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
	Image: Telephone number Image: 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.

	Santander Bank		
Mailing Address	824 North Market St		
	Ste 100		
	Wilmington	DE 19801	
	CITY A	STATE A	ZIP CODE
Name of Bank, I	epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲