

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Committee to Elect Kimberly Felan

ADDRESS (number and street) 106 S White Drive

(Check if address is changed)

Johnstown PA 15905
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) kimfelan4pa@gmail.com

Optional Second E-Mail Address
kimberlyf_68@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 03 / 20 / 2023

3. FEC IDENTIFICATION NUMBER C C00835702

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.

Type or Print Name of Treasurer Shaffer, Samantha, , Ms,

Signature of Treasurer Shaffer, Samantha, , Ms, [Electronically Filed] Date 03 / 20 / 2023

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.

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 the candidate information below.)

Name of Candidate Felan, Kimberly, , ,

Candidate Party Affiliation DEM Office Sought: House Senate President State PA District 14

- (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. _____
2. _____

C _____
C _____

Write or Type Committee Name

Committee to Elect Kimberly Felan

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

NONE

Grid for organization name

Mailing Address

Grid for 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.

Felan, Kimberly, Ann, Mrs,

Full Name

Grid for full name

Mailing Address

106 S White Drive

Grid for address line 2

Johnstown

PA

15905

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Committee Chair

Grid for title

Telephone number

814

418

1726

Grid for 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).

Shaffer, Samantha, , Ms,

Full Name of Treasurer

Grid for full name

Mailing Address

525 Vine Street

apt 1514

Johnstown

PA

15901

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Grid for title

Telephone number

814

955

4008

Grid for telephone number

Full Name of Designated Agent | Gorman, Jennina, R, Ms.,

Mailing Address | 1719 2nd Avenue
| 2nd Floor
| Altoona | PA | 16602 |
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ | Social Media Advisor | Telephone number | 814 | 215 | 6744

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.

First Commonwealth Bank

Mailing Address | 2040 N Center Ave
|
| Somerset | PA | 15501 |
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address |
|
| | | |
CITY ▲ STATE ▲ ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F1N
Transaction ID :

Kimberly Felan is the candidate in this FEC filing and is also the current Chair of the Committee as well as the individual currently in charge of all fundraising, filing, and requirements. Additionally with her Treasurer, Samantha Shaffer of Johnstown, PA. As of this date, there are no other responsible parties, PACs, or committees in charge of this campaign.

Form/Schedule:
Transaction ID: