STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Troen for Congress 1055 Hawthorne Cove Dr. ADDRESS (number and street) (Check if address is changed) Ocoee 34761 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kirk@troenforcongress.com (Check if address is changed) Optional Second E-Mail Address kirktroen@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00703215 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Troen, Kirk, , , Type or Print Name of Treasurer Troen, Kirk,,, [Electronically Filed] 04 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
Can		late 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. (Cominformation below.)	plete the candidate			
Name Cand		Troen, Kirk, , ,				
Cand Party	idate Affiliatio	on REP Office Sought: X House Senate President	State FL District 10			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	y Con	nmittee:				
(d)		· · · ·	(Democratic, Republican, etc.) Party.			
Polit	tical 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 secommittee. (i.e., nonconnected committee)	egregated 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.)				
Joint	t Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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.					

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Write or Type Committee Nar		. age 5
Troen for Cong		
	Organization, Affiliated Committee, Joint Fundraising Representative, of	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representati	ive Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	entify by name, address (phone number optional) and position of the per	rson in possession of committee
Troen, k	űrk, , ,	
Full Name	1055 Hawthorne Cove Dr.	
Mailing Address		
	Ocoee , FL ,	,34761
Title or Position	CITY STATE	ZIP CODE
	Telephone number	07 820 - 2695
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; a , assistant treasurer).	and the name and address of
Full Name Troen, K	irk, , ,	
of Treasurer	1055 Hawthorne Cove Dr.	
Mailing Address		
	.0	.04704
	Ocoee FL STATE	34761
Title or Position	CITY STATE	ZIP CODE
	Telephone number	07 820 - 2695

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Full Name of Designated Agent	Troen, Kirk, , ,					
Mailing Address	1055 Hawthorne Cove Dr.					
	Ocoee FL 34761 CITY STATE ZII	P CODE				
Title or Position	CITY STATE 210 Telephone number 407 - 820					
 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. 						
	Bank of America					
Mailing Address	10201 W Colonial Dr.					
	Ocoee FL 34761					
	CITY STATE ZI	P CODE				
Name of Bank, I	Depository, etc.					
Mailing Address						
	CITY STATE ZI	P CODE				