Only

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. Kurtis Wilson for Congress 2018 340 S. Lemon Avenue ADDRESS (number and street) 2232 (Check if address is changed) Walnut 91789 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kurtforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2017 C00657114 FEC IDENTIFICATION NUMBER > 3. X 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. Wilson, Kurtis, , Mr, Type or Print Name of Treasurer Wilson, Kurtis, , Mr, [Electronically Filed] 06 30 2021 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

Local 202-694-1100

FEC F	Form 1 (Revised 02/2009) Page 2
	COMMITTEE
	te Committee:
(a) *	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Name of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Wilson, Kurtis, K., Mr.,
Candidate	
Candidate Party Affilia	
(c)	District District This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Pa
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
	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 pacommittee. (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.)
Joint Fur	ndraising Representative:
(g)	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.
(h)	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.
Co	mmittees Participating in Joint Fundraiser
1.	
2.	FEC ID number
3.	FEC ID number
4	

FEC Form 1 (Revised 0	02/2009)		Page 3
Write or Type Committee Name			· ·
Kurtis Wilson fo	r Congress 2018		
6. Name of Any Connected C	rganization, Affiliated Committee, Jo	oint Fundraising Representat	ive, or Leadership PAC Sponsor
CALIFORNIA REAL ESTATE I	POLITICAL ACTION COMMITTEE/F 525 S. VIRGIL AVE. LOS ANGELES CITY	EDERAL - CALIFORNIA AS CA STATE	SOCIATION OF REALTORS 90020 ZIP CODE
	Affiliated Committee	Joint Fundraising Representation Joint Fundraising Representation of the provided HTML	
Full Name Mailing Address	rtis, , Mr, P.O. Box 2402 #2402 Lancaster	CA	93539
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	661 - 885 - 0951
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) (essistant treasurer).	of the treasurer of the commit	tee; and the name and address of
Full Name Wilson, Kur of Treasurer Light Indicates	P.O. Box 2402 #2402 Lancaster CITY		93539 ZIP CODE
Title or Position Treasurer		Telephone number	661 - 885 - 0951

FEC For i	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Wilson, Kurtis, , Mr.,	
Mailing Address	P.O. Box	
	2402	
	Lancaster CA 93539	
	CITY STATE	ZIP CODE
Title or Position Treasurer		885 - 0951
Banks or Other safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holooxes or maintains funds.	lds accounts, rents
Banks or Other safety deposit b Name of Bank,	poxes or maintains funds.	lds accounts, rents
safety deposit b	poxes or maintains funds.	lds accounts, rents
safety deposit b	Depository, etc. Schools First FCU P.O. Box 11547	lds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Schools First FCU P.O. Box 11547	ids accounts, rents
safety deposit b Name of Bank,	Depository, etc. Schools First FCU P.O. Box 11547	ids accounts, rents
safety deposit b Name of Bank,	Depository, etc. Schools First FCU P.O. Box 11547	Ids accounts, rents
safety deposit b Name of Bank,	Depository, etc. Schools First FCU P.O. Box 11547 Santa Ana CA 92711 CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Schools First FCU P.O. Box 11547 Santa Ana CA 92711 CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Schools First FCU P.O. Box 11547 Santa Ana CA 92711 CITY STATE	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Schools First FCU P.O. Box 11547 Santa Ana CA 92711 CITY STATE	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Schools First FCU P.O. Box 11547 Santa Ana CA 92711 CITY STATE	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
•	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
JUSTICE DEMO	CRATS		
Mailing Address	P. O. BOX 910		
	KNOXVILLE		37901
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sp
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the control of the	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). Joint Fundraisin	g Participant:		
O(9)	1.		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID Humber	C
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	1830 9TH STREET		
		SACRAMENTO	CA	95811
	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		1
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	Y	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Depository, etc.			
	Depository, etc.			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	.9		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization Affiliated Committee Joint Fundament	reining Depresentative	o av Landavahin DAC Span
OUR REVOLUTI	Organization, Affiliated Committee, Joint Fundi	raising nepresentative	e, or Leadership PAC Spon
Mailing Address	603 2ND STREET NE		
	WASHINGTON	DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Representa	ative Leadership PAC Sp
Connecte	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identif		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identification		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identification		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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esignated Agent: Identification of the properties of the propertie	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraising	n Particinant:		
O(9)	1.	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID Hullibei	0
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	6230 WILSHIRE BLVD SUITE 140		
		LOS ANGELES	CA	90048
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	
		Organization Animated Committee	Tundraising Tiepresent	Leadership 1740 Opensor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•		
		<u> </u>	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc. Mailing Address	ies: List all banks or other depositories in which tintains funds.	the committee deposit	s funds, holds accounts, rents
		CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	sing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connect	ed Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	P.O. BOX 441146		
	SOMERVILLE	MA L	02144
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Jontify by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Ide		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Ide		int Fundraising Representa	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Relationship: CHARLOTTE NC 28205 CHARLOTTE CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	BRAND NEW CO	ONGRESS		
Relationship: CHARLOTTE NC 28205 CHARLOTTE CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number				
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number — anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relately deposit boxes or maintains funds. ame of Bank, epository, etc.	Mailing Address	2930 WESLEY AVENUE		
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Telephone Number	esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
Telephone Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relatety deposit boxes or maintains funds. ame of Bank, epository, etc.	esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
afety deposit boxes or maintains funds. ame of Bank, epository, etc.	esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
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	Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A