

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2017 OCT 24 AM 11:48

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

KENNY 2020

ADDRESS (number and street)

2127 OLYMPIC PARKWAY

(Check if address is changed)

SUITE 1006 - 140

CHULA VISTA

CITY ▲

CA

STATE ▲

91915

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

KEN@FREEHUGSPROJECT.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

HTTP://WWW.KENNY2020.COM

2. DATE

10 / 18 / 2017

3. FEC IDENTIFICATION NUMBER ►

C

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 Sabrina Nwadike

Signature of Treasurer

Date

10 / 18 / 2017

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 06/2012)

2017-10-24 03:00:16

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 KENNETH E. NWADIKE, JR.

Candidate Party Affiliation DEM Office Sought:  House  Senate  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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

2017-10-24 03:00:17

Write or Type Committee Name

None

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

[Empty grid for organization name]

[Empty grid for organization name]

Mailing Address

[Empty grid for mailing address]

[Empty grid for mailing address]

[Empty grid for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  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

ONYI NWADIKE

Mailing Address

2127 OLYMPIC PARKWAY

SUITE 1006 - 140

CHULA VISTA CA 91915

CITY

STATE

ZIP CODE

Title or Position

MANAGER

Telephone number [Empty grid]

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

SABRINA NWADIKE

Mailing Address

2127 OLYMPIC PARKWAY

SUITE 1006 - 140

CHULA VISTA CA 91915

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number [Empty grid]

2017-10-24 03:00:19

Full Name of Designated Agent

PRINCE NWADIKE

Mailing Address

2127 OLYMPIC PARKWAY

SUITE 1006

CHULA VISTA

CA

91915

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

2017-10-24 03:00:17 9119

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.

CHASE BANK

Mailing Address

2121 OLYMPIC PARKWAY

CHULA VISTA

CA

91915

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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**PRIORITY MAIL EXPRESS™**  
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FROM: (PLEASE PRINT)

PHONE ( ) 619-449-1000  
Krisine Nudica Jr  
2120 Camino del Rio N  
Chula Vista, CA 91915

**PAYMENT BY ACCOUNT (if applicable)**

**DELIVERY OPTIONS (Customer Use Only)**

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

- Delivery Options
- No Saturday Delivery (delivered next business day)
  - Sunday/Holiday Delivery Required (additional fee, where available)
  - 10:30 AM Delivery Required (additional fee, where available)
- \*Refer to USPS.com® or local Post Office® for availability.

**TO: (PLEASE PRINT)**

PHONE ( ) 619-449-1000  
The Federal Election Commission  
999 E Street, NW  
Washington, DC 20543

ZIP + 4® (U.S. ADDRESSES ONLY)

20163

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
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FEC MAIL CENTER  
2017 OCT 24 AM 11:47

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day PO ZIP Code 91914	<input checked="" type="checkbox"/> 2-Day Scheduled Delivery Day (MM/DD/YY) 10/23/17	Delivery Attempt (MM/DD/YY) 10/20/17	Delivery Attempt (MM/DD/YY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM
Insurance Fee \$	Return Receipt Fee \$	Weight lbs 0.3	Employee Signature
COD Fee \$	Total Postage & Fees \$ 23.75	Acceptance Employee initials KJ	Employee Signature
Live Animal Transportation Fee \$			

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS Priority Mail Express	Date of Receipt 10/21/2017
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER

*mm*

10/24/2017

DATE PREPARED

20171024 001001011