2017-05-30-03-00158164

FEC FORM 1

STATEMENT OF **ORGANIZATION**

2017 HAY 30 AM 8: 26

Office Use Only

(Revised 06/2012)

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 NAME OF COMMITTEE (in full) 		ck if name anged)	Example: If typing, type over the lines.	12FE4M5	
KEELING CA	M.P.A.I.G	LOMM	LITTEE		
<u> </u>			1 1 1 1 1 1 1 1 1		
ADDRESS (number and street)	P. O.	1B101X1 1	10521111		
(Check if address is changed)	<u> </u>	<u> </u>	1	<u> </u>	
ů .	AS BU	Y PAR	.K	N:J O. STATE ▲	7:7:12 - LIP CODE A
COMMITTEE'S E-MAIL ADDRE	:SS				
(Check if address is changed)	linfo	akeeli	$n_{i}g_{i}\cdot V_{i}o_{i}t_{i}e_{i}$	1 1 1 1 1 1	
		ond E-Mail Addr			Tuan e de la companya
	INI LIKE	0; K. E. E. [1]	ing. Vote	<u> </u>	
COMMITTEE'S WEB PAGE AD	DRESS (URL)		·		
(Check if address is changed)		k,e,e,l,i,u	191. Voitie		
	. [<u> </u>	
2. DATE 05 2	1 20	, , , 1			
3. FEC IDENTIFICATION N	UMBER ▶	C	e ji river vegasa minagese gi ner ka		
4. IS THIS STATEMENT N	NEW (1)	OR	AMENDED (A)		
I certify that I have examined t	his Statement a	and to the best of	of my knowledge and belief	it is true, correct and	d complete.
Type or Print Name of Treasure	er MELI	SSA KEE	LING		·
Signature of Treasurer	Klim	Keli	Y	Date 0.5	21 2017
NOTE: Submission of false, error			hay subject the person signing ON SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109
Office Use			For further information Federal Election Commis		FEC FORM 1

Toll Free 800-424-9530 Local 202-694-1100

FEC F	rm 1 (Revised 02/2009)		Page 2			
	COMMITTEE e Committee:					
(a) 🗸	This committee is a principal campaig	gn committee. (Complete the candidate information below	۸.)			
(b)	This committee is an authorized comminformation below.)	mittee, and is NOT a principal campaign committee. (Cor	mplete the candidate			
Name of Candidate	MIKE KEELIN	G				
Candidate Party Affilia	ion DEM Office Sought:	House Senate President	State N 3			
(c)	This committee supports/opposes only	y one candidate, and is NOT an authorized committee.	*			
Name of Candidate						
Party Co	mmittee:	W				
(d)	This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political A	action Committee (PAC):					
(e) ;	This committee is a separate segrega	ated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:			
	Corporation	Corporation w/o Capital Stock	Labor Organization			
	Membership Organization	Trade Association	Cooperative			
	In addition, this commit	ttee is a Lobbyist/Registrant PAC.				
(f) := ::	This committee supports/opposes mo committee. (i.e., nonconnected commit	ore than one Federal candidate, and is NOT a separate stee)	segregated 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 Fun	draising Representative:					
(g)		pays fundraising expenses and disburses net proceeds for of which is an authorized committee of a federal candidate				
(h) · .		pays fundraising expenses and disburses net proceeds for the children authorized committee of a federal candidate.	wo or more political			
Con	nmittees Participating in Joint Fundr	raiser				
1.		FEC ID number C				
· 2.		FEC ID number C	na naa liba nii merataman liia nii kin			
3.		FEC ID number	e produce principal principal constitution of the constitution of			
4.		FEC ID number C				

Write or Type Committee Name

KEELING	A CAMPAIGN COMMITTEE	n n n		
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
NONE				
Mailing Address	W(A			
	W(A			
	CITY STATE ZIP CODE	£ §		
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC	Sponsor		
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person in possession of co	mmittee		
Full Name MEL	(15,5,A, 14,EE,L,1,N,G, , , , , , , , , , , , , , , , , ,			
Mailing Address	P. O. B.O. X. 1.0.52			
	ASBURY PARK NJ 07712-			
Title or Position	CITY STATE ZIP CODE			
ITREASURER	Telephone number [M/A]-[ii-[i			
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address assistant treasurer).	ess of		
Full Name of Treasurer	1.5.5.A. KEELING			
Mailing Address	[PO BOX 11052	4		
	ASBURY PARK IN NO STATE ZIP CODE			
Title or Position				

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Full Name of

Keeling Campaign Committee P.O. Box 1052 Asbury Park, NS 07717

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999 Estruct N.W. Washington, D.C. 20463

Federal Election Commission

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	Next Business Day Delivery				

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(3/2015)	