

FEC
FORM 1STATEMENT 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 Edwin K. Propst

ADDRESS (number and street) (Check if address
is changed) PO Box 500995

Saipan

CITY ▲

MP

96950

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

edwardcalvo@gmail.com

Optional Second E-Mail Address

tinasaablanc@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)2. DATE / / 3. FEC IDENTIFICATION NUMBER ► 4. 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.

Type or Print Name of Treasurer Calvo, Edward, Mendiola, ,Signature of Treasurer Calvo, Edward, Mendiola, ,Date / / 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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

Committee to Elect Edwin K. Propst**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

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.

Full Name

Calvo, Edward, Mendiola, ,

Mailing Address

Po Box 504744

MP

96950

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

670 - 483 - 3499

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

Calvo, Edward, Mendiola, ,

Mailing Address

Po Box 504744

MP

96950

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

670 - 483 - 3499

Full Name of
Designated
Agent

Propst, Daisy, M., ,

Mailing Address

PO Box 500994

Saipan

MP

96950

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Asst Treasurer/Sec

Telephone number

670

285

3247

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.

Bank of Guam

PO Box 500678

Saipan

MP

96950

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

| | |
|-------------------------|---------------|
| 1. <input type="text"/> | FEC ID number |
| 2. <input type="text"/> | FEC ID number |
| 3. <input type="text"/> | FEC ID number |
| 4. <input type="text"/> | FEC ID number |

| |
|------------------------|
| C <input type="text"/> |

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

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Mailing Address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

| | |
|-----------|---|
| Full Name | Sablan, Christina, , , <input type="text"/> |
|-----------|---|

| | |
|-----------------|------------------------------------|
| Mailing Address | PO Box 500994 <input type="text"/> |
|-----------------|------------------------------------|

| | | |
|-----------------------------|-------------------------|----------------------------|
| Saipan <input type="text"/> | MP <input type="text"/> | 96950 <input type="text"/> |
|-----------------------------|-------------------------|----------------------------|

| | | | | |
|----------------------------|------------------|--------------------------|--------------------------|---------------------------|
| TITLE OR POSITION ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| Chair <input type="text"/> | Telephone Number | 670 <input type="text"/> | 285 <input type="text"/> | 3935 <input type="text"/> |

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. | <input type="text"/> |
|-----------------------------------|----------------------|

| | |
|----------------------|----------------------|
| Mailing Address | <input type="text"/> |
| <input type="text"/> | |
| <input type="text"/> | |

CITY ▲

STATE ▲

ZIP CODE ▲