Image# 201911119165351219				11/11/2019 02 . 44
FEC	STATEME ORGANIZ	-		PAGE 1 / 5 —
FORM 1	OTIGANIZ	AIION		
1. NAME OF	(Check if name	Example:If typing, type	12FE4M5	Office Use Only
COMMITTEE (in full)	is changed)	over the lines.		
Medicare for All	Delegates Netwo	ork		
· · · · · · · · · · · ·				
	1008 Sir James Bridge			
ADDRESS (number and street)				
 (Check if address is changed) 				
	Las Vegas		NV 89	9145
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address	Medicare4AllDelegate	s@gmail.com		
is changed)	Optional Second E-Mail Ad	dress		
	ChristineKramar@g			
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)	work.org		
	01 / Y Y Y Y 2019			
3. FEC IDENTIFICATION N		00726554		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true. correct ar	d complete.
2		, ,	,	•
Type or Print Name of Treasur	rer Kramar, Christine, Lynn, Ms	• •		
Signature of Treasurer	mar, Christine, Lynn, Ms.,	[Electronically Filed]	Date 11	/ D D / Y Y Y Y 11 2019
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		e penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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FEC FC	orm 1 (Revised 02/2009)	Page 2
TYPE OF C	COMMITTEE	
Candidat	e 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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)		Democratic, Republican, etc.) Par
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or par
	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)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Medicare for All Delegates Network

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

Mailing Address																									
																		L] –	L		
								С	ITY						S	TAT	E			ZIF	Р С	OC	ЭE		
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.

Kramar,	Christine, Lynn, Ms.,
Full Name	
Mailing Address	1008 Sir James Bridge Way
	Las Vegas NV 89145
Title or Position	CITY STATE ZIP CODE
Executive Director	Telephone number 702 890 2981

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 Kramar, C	Christine, Lynn, Ms.,
Mailing Address	1008 Sir James Bridge Way
	Las Vegas NV 89145 [
	CITY STATE ZIP CODE
Title or Position Executive Director	Telephone number 702 890 2981

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent				1	1																												
Mailing Address																																	
					1																			L						·			
	CITY										STATE											Z	ZIP CODE										
Title or Position																																	
															Tel	epł	ion	e n	um	ber						- [·			

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.

Mailing Address	201 Mission Street		
	Suite #24		
	San Francisco	CA	94105
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

The purpose of this committee is to assist individuals committed to running for Democratic National Committee delegate to the 2020 convention organized around the issue of Medicare for All. Not authorized or coordinated by any Presidential Committee.

Form/Schedule: Transaction ID: