Image# 201710179075775245			_	PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZ			FAGE 174
			Office	Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Kim for Congress	S			
ADDRESS (number and street)	PO Box 203			
(Check if address is changed)				
	Greensburg └ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		PA 15601 STATE ▲	
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	info@campaignfinancia			
	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 10 / 1	7 / Y Y Y Y 2017			
3. FEC IDENTIFICATION N	UMBER ► C C	00658179		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief i	t is true, correct and co	omplete.
		, , ,		
Type or Print Name of Treasure	er Irwin, Deborah, , ,			
Signature of Treasurer	ı, Deborah, , ,	[Electronically Filed]	Date 10	17 / Y Y Y Y 2017
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED V		nalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion F I	EC FORM 1 Revised 06/2012)

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PE OF C	COMMITTEE
andidate	e Committee:
×	This committee is a principal campaign committee. (Complete the candidate information below.)
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
ime of Indidate	Ward, Kim, , ,
ndidate rty Affiliat	ion REP Office Sought: K House Senate President District 18
	This committee supports/opposes only one candidate, and is NOT an authorized committee.
me of Indidate	
arty Cor	nmittee:
	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
olitical A	ction Committee (PAC):
	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.
	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.)
int Fund	draising Representative:
	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.
	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.
Com	mittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number
	PE OF C andidate andidate me of ndidate rty Affiliati arty Con Ditical A Com 1. 2. 3.

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Write or Type Committee Name

Title or Position

Kim for Congress

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

Mailing Address																																
																							L		_				- L			
							(CITY	(S	TA	ΓE					Z	IP	со	DE			
Relationship:	Connected	l Orga	aniza	ition		Affil	iate	d C	omn	nitte	e		Joi	nt F	- un	dra	nisir	ng I	Rej	pre	ser	itati	ve		Le	ead	ers	hip	PA	IC S	Spor	nsor
7. Custodian of Rebooks and record		itify b	y na	me,	addr	ess	(ph	none	e nu	mbe	er -	- 0	ptio	nal)) ar	nd	pos	itic	on (of 1	the	per	rsor	n in	pc	ISSE	ess	ion	of	cor	nmit	ttee
	Campaign	, Fina	ncial	Ser	/ices	5, , ,																										1
Full Name			Box	200/	14																											
Mailing Address		I FO	DUX	3004	+4							1	I	I.			1									1	I.		I.	I		
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5										1																						

Custodian of Records	Telephone number	301 - 654 - 3220
	— .	

STATE

ZIP CODE

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).

CITY

Full Name of Treasurer	Irwin, Deborah, , ,																		
Mailing Address	PO Box 203																		
	Greensburg									PA		L	1560	01					
	Greensburg	CI	L TY									L	1560	01	ZI	P C	_ - 200		

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Full Name of Designated Agent																		I			I		I									
Mailing Address																																
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																											1					
								C	CIT	Y										STA	λΤΕ					ZII	PC	COE	DE			
Title or Position																																
															Tele	eph	one	e ni	umt	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.

Wells F	argo Bank		
Mailing Address	7901 Wisconsin Avenue		
	Bethesda	MD 20814	
	CITY	STATE ZIP C	CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE ZIP C	CODE