Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Americans for common sense 1807 Kinsell Dr ADDRESS (number and street) (Check if address is changed) Weiser 83672 ID CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jckt8177@yahoo.com (Check if address is changed) Optional Second E-Mail Address ijckt8177@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2015 C00584904 FEC IDENTIFICATION NUMBER > 3. X 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. Nicole Catrina Type or Print Name of Treasurer Nicole Catrina [Electronically Filed] 80 25 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ī	This committee is an authorized committee, and is NOT a principal campaign committee. (Comple	te the candidate
Nam Cand	e of didate	information below.)  Jason Anthony Catrina	
	didate / Affiliati	ion IND Office Sought: House Senate X President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · ·	emocratic, publican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.)	cted organization is a
		Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated 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.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

FEC Form 1 (Revised	02/2009)	   Page <b>3</b>
Write or Type Committee Nan		-
Americans for	common sense	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person	in possession of committee
Nicole Ca	atrina	, , , , , , , , , , , , , , , , , , ,
Mailing Address	1807 Kinsell Dr	
	Weiser ID 83	672
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. <b>Treasurer:</b> List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and t assistant treasurer).	he name and address of
Full Name Nicole Ca	atrina	
Mailing Address	1807 Kinsell Dr	
	Weiser	672
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
safety deposit boxes Name of Bank, Depo	ository, etc.	accounts, rents
safety deposit boxes Name of Bank, Depo	s or maintains funds. ository, etc.  Vells Fargo  129 State St	accounts, rents
safety deposit boxes Name of Bank, Depo	s or maintains funds. ository, etc.  Vells Fargo	accounts, rents
safety deposit boxes Name of Bank, Depo	Sor maintains funds.  Ository, etc.  Vells Fargo  129 State St  Weiser  ID 83672	accounts, rents
safety deposit boxes Name of Bank, Depo	S or maintains funds.  Ository, etc.  Vells Fargo  129 State St  Weiser  ID  83672  CITY  STATE  Z	
safety deposit boxes  Name of Bank, Depo	S or maintains funds.  Ository, etc.  Vells Fargo  129 State St  Weiser  ID  83672  CITY  STATE  Z	
safety deposit boxes Name of Bank, Depo	S or maintains funds.  Ository, etc.  Vells Fargo  129 State St  Weiser  ID  83672  CITY  STATE  Z	
safety deposit boxes  Name of Bank, Depo	S or maintains funds.  Ository, etc.  Vells Fargo  129 State St  Weiser  ID  83672  CITY  STATE  Z	
safety deposit boxes Name of Bank, Depo	S or maintains funds.  Ository, etc.  Vells Fargo  129 State St  Weiser  ID  83672  CITY  STATE  Z	
safety deposit boxes Name of Bank, Depo	S or maintains funds.  Ository, etc.  Vells Fargo  129 State St  Weiser  ID  83672  CITY  STATE  Z	