Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. CAROL TORKKO FOR US PRESIDENT COMMITTEE 2107 175TH AVENUE NE ADDRESS (number and street) (Check if address is changed) REDMOND 98052-6047 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS CTORKKO@COMCAST.NET (Check if address is changed) Optional Second E-Mail Address DEANTORKKO@HOTMAIL.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.TORKKOFORUSPRESIDENT.COM (Check if address is changed) DATE 09 2015 C00580860 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. MRS. CAROL CONSTANCE TORKKO Type or Print Name of Treasurer MRS. CAROL CONSTANCE TORKKO [Electronically Filed] 07 09 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

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee:	
(a)	X	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate	MRS. CAROL CONSTANCE TORKKO	
	didate y Affiliati	on REP Office Sought: House Senate X President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated 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 committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	·
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Re	<u> </u>		Page 3
Write or Type Committee	RKKO FOR US PRES		TTEE
	ected Organization, Affiliated Committee,		
-	otou organization, rumatou oominitoo, t	your runardising ropresentati	ive, or zoddoronip i vie opensor
NONE		<u> </u>	
Mailing Address			
	OITV		710.0005
	CITY	STATE	ZIP CODE
Relationship: Cor	nnected Organization Affiliated Committe	e Joint Fundraising Represe	entative Leadership PAC Sponsor
books and records.	ls: Identify by name, address (phone numbe	er optional) and position of th	e person in possession of committee
Full Name	S. CAROL CONSTANCE TORKKO		
Mailing Address	2107 175TH AVENUE NE		
•			
	REDMOND	WA	98052-6047
Title or Position	CITY	STATE	ZIP CODE
Title of Position	CITT	SIAIE	ZIP CODE
TREASURER		Telephone number	425 - 269 - 2286
	me and address (phone number optional) (e.g., assistant treasurer).	of the treasurer of the commit	tee; and the name and address of
Full Name MRS of Treasurer	S. CAROL CONSTANCE TORKKO		
Mailing Address	2107 175TH AVENUE NE		
	REDMOND	WA WA	98052-6047
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	425 - 269 - 2286

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Full Name of Designated Agent MR. D	DEAN DAVID TORKKO		
Mailing Address	2107 175TH AVENUE NE		
	REDMOND CITY	WA 984 STATE	052-6047 ZIP CODE
Title or Position ASSISTANT TREASUR	RER Telephone	number 425	
Banks or Other Depos safety deposit boxes or Name of Bank, Deposito		mittee deposits funds,	holds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds.	mittee deposits funds,	holds accounts, rents
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safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc. BANK	mittee deposits funds,	
safety deposit boxes or Name of Bank, Deposito	maintains funds. Dry, etc. BANK 1128 156TH AVENUE NE		
safety deposit boxes or Name of Bank, Deposito	maintains funds. Dry, etc. BANK 1128 156TH AVENUE NE BELLEVUE CITY	WA 986	007
safety deposit boxes or Name of Bank, Deposito US Mailing Address	maintains funds. Dry, etc. BANK 1128 156TH AVENUE NE BELLEVUE CITY	WA 986	007
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safety deposit boxes or Name of Bank, Deposito Mailing Address Name of Bank, Deposito	maintains funds. Dry, etc. BANK 1128 156TH AVENUE NE BELLEVUE CITY Dry, etc.	WA 986	007

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1N Transaction ID:

The bank checking account is not created yet until I get an FEC identification number. I will update this website if the bank turns out to be different than the one I wish to use.

Form/Schedule: Transaction ID: