FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAIL CENTER 2016 OCT 19 AM 10: 07 Office Use Only						
1. NAME OF COMMITTEE (ir	n full) (Check if name Example: If typing, to full) is changed) over the lines.	type 12FE4M5						
The Com	mittee to Elect Aime	e Kivijor						
ADDRESS (number a		1811 HOLLINS AVENUE #11						
Check if a (Check if a is changed								
		STATE A ZIP CODE A						
COMMITTEE'S E-M	AIL ADDRESS							
(Check if is changed	address <u>aimererkivijorforpro</u>	esidentaginail. com						
_	Optional Second E-Mail Address	0						
COMMITTEE'S WEE								
2. DATE	0/13/2016							
3. FEC IDENTIFIC		3						
4. IS THIS STATE		D (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 Aimee Kivior							
Signature of Treasur	er Aimee Kivioz							
NOTE: Submission of	false, erroneous, or incomplete information may subject the person ANY CHANGE IN INFORMATION SHOULD BE REPO							
Office Use Only	For further infor Federal Election Toll Free 800-424	Commission FEC FORIULI 4-9530 (Revised 06/2012)						

		orm 1 (Revised 02/2009) Page 2
		COMMITTEE
a)		This committee is a principal campaign committee. (Complete the candidate information below.)
		n an ann an a
b)	L	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Candi		· · · · · · · · · · · · · · · · · · ·
Janu	uale	
Candi Party	idate Affiliati	tion Office State Sought: House Senate President F
		District
(c)	X	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		Aimee Kinning Contractions
Party	y Con s/i	mmittee:
d)	IХ	This committee is a NAL or subordinate) committee of the DEM Republican, etc.) F
Polit	ical A	Action Committee (PAC):
e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
		Corporation Corporation w/o Capital Stock Labor Organizati
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
<i>(</i> 1)	~ 7	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or p
(f)		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.)
loint	Eune	
	. Func	draising Representative:
g)	Ľ	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.
ר)		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	nmittees Participating in Joint Fundraiser
	1.	
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	3.	
	J.	

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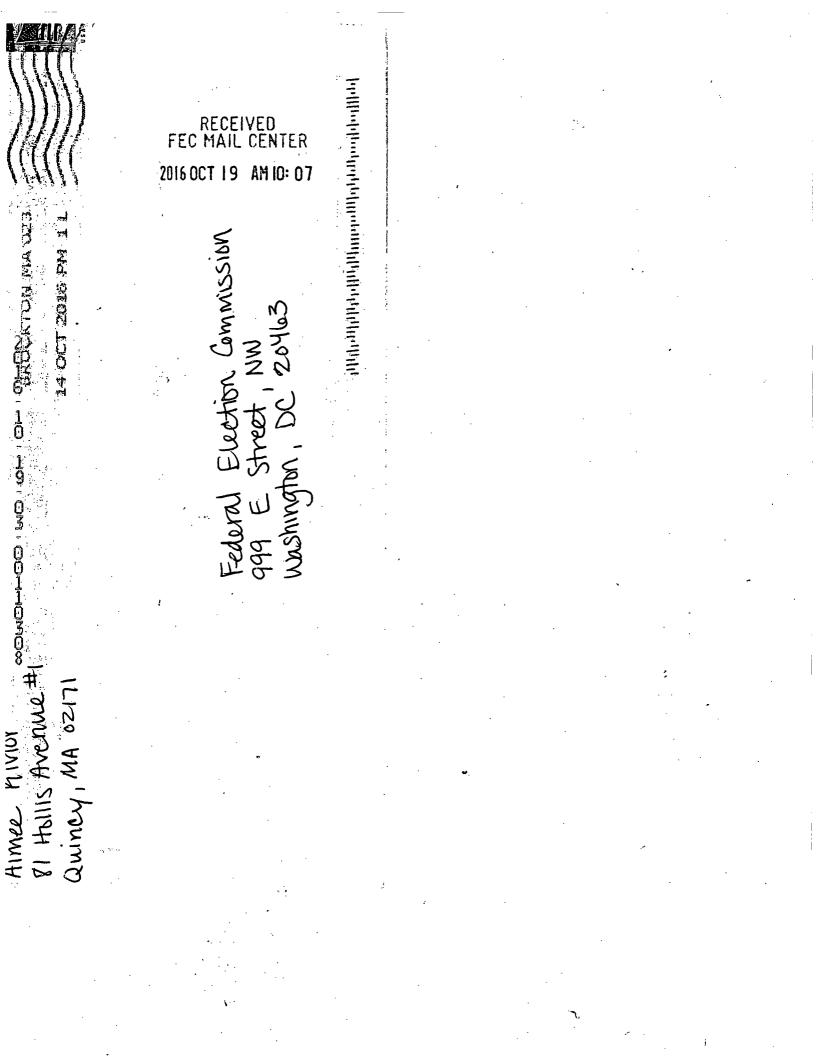
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FEC Form 1 (Revise		Page 3
Write or Type Committee Na	me	
6. Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
None		
Mailing Address		
3		
	CITY STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Represent	ative
7. Custodian of Records: lo	dentify by name, address (phone number optional) and position of the p	person in possession of committee
books and records.		•
	nee Kinvior	
Mailing Address	181 Hollis Avenue #1	
	MAM MACH MAN	02171-2343
Title or Position	CITY STATE	ZIP CODE
Treasure	C Telephone number	571-19911-16277
8. Treasurer : List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee ., assistant treasurer).	; and the name and address of
Full Name of Treasurer	$1 e K_{1} V_{1} O_{1} O_{1} V_{1} O_{1} O_{1} V_{1} O_{1} O_{1} O_{1} V_{1} O_{1} $	<u></u>
Mailing Address	181 Hollis Avenue #1	<u>, .</u>
	QUALINCIA CITY STATE	021711-2343 ZIP CODE
Title or Position	· · · · · · · · · · · · · · · · · · ·	571-19911-162771
	"	

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Full Name of Designated Agent	Liit		······································	· ·			· .	, ' , ' , _		···· , ' . , ' .	· . ·		. :
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Received from Senate Public Records Office	Date of Receipt					
Received from Electronic Filing Office	Date of Receipt					
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n.	10/19/16					
PREPARER (3/2015)	DATE PREPARED					