FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wright for Congess 525 E. Seaside Way, #101-C ADDRESS (number and street) (Check if address is changed) Long Beach 90802 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gary@crummittandassociates.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00608430 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. **Gary Crummitt** Type or Print Name of Treasurer Gary Crummitt [Electronically Filed] 03 10 2016 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

FE	C For	rm 1 (Revised 02/2009)	Page 2	
TYPE (OF C	ОММІТТЕЕ		
Candi	idate	Committee:		
(a)	\times	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. (Cominformation below.)	plete the candidate	
Name o		Kenneth W. Wright		
Candida		Office	State	
Party A	Affiliatio	on REP Sought: X House Senate President	District 33	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name o Candida				
Party	Com	nmittee:		
(d)		· · · · ·	(Democratic, Republican, etc.) Party.	
Politic	al A	ction Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organi			
		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 secommittee. (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.)		
Joint F	und	raising 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.	vo 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.	o or more political	
(Comi	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
:	2.	FEC ID number		
;	3.	FEC ID number		
	4.			

	ed 02/2009)	Page 3
Write or Type Committee Nar		
Wright for Con	ngess	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
None		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the person in	possession of committee
Gary Cr	rummitt	
Full Name	525 E. Seaside Way, #101-C	
Mailing Address		
	Long Beach CA 9080	2
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		983 - 0815
	and address (phone number optional) of the treasurer of the committee; and the	
. Treasurer: List the name a	and address (phone number optional) of the treasurer of the committee; and the, assistant treasurer).	
Treasurer: List the name a any designated agent (e.g. Full Name Gary Cru	and address (phone number optional) of the treasurer of the committee; and the, assistant treasurer).	
. Treasurer: List the name a any designated agent (e.g. Full Name Gary Cru of Treasurer	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	
Treasurer: List the name a any designated agent (e.g. Full Name of Treasurer	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of

FEC For n	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	None	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Mailing Address	California Bank & Trust 550 S. Hope St., #100 Los Angeles CA 900	071
Name of Bank, I	CITY STATE Depository, etc.	ZIP CODE
Mailing Address	US Bank 5800 Northgate Dr., #501	
	San Rafael CA 94	903