FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type over the lines.	12FE4M5
Committee to Elec	t Chris Coulombe to Congress	
ADDRESS (number and street)	422 Larkfield Ctr	
(Check if address is changed)	<b> #141</b>	
	Santa Rosa └──└──└──└──└──└──└──└──└──└──└── CITY ▲	CA     95403       STATE ▲     ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS	
(Check if address is changed)	chris.m.coulombe@gmail.com	
	Optional Second E-Mail Address peggy.bimbi@comcast.net	
COMMITTEE'S WEB PAGE AL (Check if address is changed)	DDRESS (URL) _chriscongress.com	
2. DATE 02 / 2	28 / Y Y Y Y 2022	
3. FEC IDENTIFICATION N	UMBER ► C C00808840	
4. 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	f it is true, correct and complete.
Type or Print Name of Treasur	er Bimbi, Peggy, , ,	
Signature of Treasurer Bim	bi, Peggy, , ,	Date 02 / 02 / 17 2024
NOTE: Submission of false, error	neous, or incomplete information may subject the person signin ANY CHANGE IN INFORMATION SHOULD BE REPORTE	
Office Use Only	For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	

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FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Coulombe, Chris, , Mr, Candidate State CA Candidate Office REP House Senate President Party Affiliation Sought: District 02 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 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.)

(g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

## Joint Fundraising Representative:

2.

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) 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 (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С

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٧	Vrite or Type Committee Name	
	Committee to Elect Chris Coulombe to Congress	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor

Mailing Address	422 LARKFIELD CTR			
	PO BOX 141			
	SANTA ROSA		CA	95403
	CITY A		STATE A	ZIP CODE
Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising	g Representative	Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	Bimbi, Pegg	y,,,																								
Full Name																										
Mailing Address		1171 Re	eibli Ro	k 																						
		Santa R	osa										l	CA			Ľ	9540	04			]-				
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Title or Position ▼	7																									
Treasurer								Т	ele	pho	ne	nur	nbe	r	L	70	)7 		L	32´	I ⊥	] –		770 	5	

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).

Full Name	Bimbi, Peggy, , ,
of Treasurer	
Mailing Address	1171 Reibli Rd
	Santa Rosa       CA       95404
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number     707     321     7705

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		

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.

Mailing Address	2460 Mendocino Ave		
	Suite A		
	Santa Rosa		3
	CITY A	STATE A	ZIP CODE ▲
Name of Bank, [	Depository, etc.		
Mailing Address			
	CITY A	STATE A	ZIP CODE