Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) JUSTIN SIMMONS FOR CONGRESS 5680 MOUNTAIN LAUREL DR ADDRESS (number and street) (Check if address is changed) COOPERSBURG 18036 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS liz@lizcurtisassociates.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00654848 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. Curtis, Elizabeth, , , Type or Print Name of Treasurer Curtis, Elizabeth, , , [Electronically Filed] 09 2017 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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TYPE OF COMMITTEE	
Candidate Committee:	
(a) 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
Name of Candidate  Simmons, Justin, J, ,	
Candidate Party Affiliation  REP  Office Sought:   House  Senate  President	State PA District 15
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for transcription committees/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
Committees Participating in Joint Fundraiser	
1.	
2. FEC ID number C	
3. FEC ID number C	
4.	

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Write or Type Committee N	ame	
JUSTIN SIMN	MONS FOR CONGRESS	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representativ	/e, or Leadership PAC Sponsor
NONE		
<u> </u>		
Mailing Address		
Malling Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represer	ntative Leadership PAC Sponsor
Relationship.	Tilliated Committee South Fundaming Represent	Leader Simp i No openies.
Custodian of Records:	Identify by name, address (phone number optional) and position of the	person in possession of committee
books and records.		
Curtis,	Elizabeth, , ,	
Mailing Address	5 Halifax Court	
J		
	Mariton NJ	08053
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	609   -   433   -   8620
. <b>Treasurer:</b> List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committe g., assistant treasurer).	ee; and the name and address of
Full Name Curtis, of Treasurer	Elizabeth, , ,	
Mailing Address	5 Halifax Court	
	Mariton NJ	08053
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	609 433 8620

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Full Name of Designated		, , , , , , , , , , <b>, ,</b>
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Mailing Address	Wells Fargo  4 South Main St	
	Coopershura . DA 49026	
	Coopersburg PA 18036	
	Coopersburg PA 18036 CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE	ZIP CODE
Name of Bank, I	CITY STATE  Depository, etc.	ZIP CODE
	CITY STATE  Depository, etc.	ZIP CODE
	CITY STATE  Depository, etc.	ZIP CODE