

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2014 JAN 10 PM 12:35
Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

MAIL CENTER

Congressional House Republicans In Service PAC (C.H.R.I.S. PAC)

ADDRESS (number and street)

PO Box 30844



(Check if address
is changed)

Bethesda

CITY ▲

MD

STATE ▲

20824

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

info@campaignfinancial.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

01

08

2014

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR

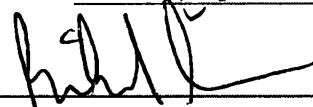


AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Springer

Signature of Treasurer



Date

01

08

2014

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Candidate Committee:

- Name of Candidate**

4

District

- Name of Candidate

(d) ☐ This committee is a

(Democratic,
Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

1.  FEC ID number 
2.  FEC ID number 
3.  FEC ID number 
4.  FEC ID number 

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Hon. Christopher C. Collins

Mailing Address

PO Box 386

Clarence

NY

14031

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising 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.**

Full Name

Campaign Financial Services

Mailing Address

PO Box 30844

Bethesda

MD

20824

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

301

654

3220

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
of Treasurer

Richard Springer

Mailing Address

PO Box 30844

Bethesda

MD

20824

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

301

654

3220

14031151346

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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.

Wells Fargo

Mailing Address

7901 Wisconsin Avenue

MD1010

Bethesda

MD

20814

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031151347

14031151348

Do not ship liqui



1/8/2014

From: (512) 343-0099
Richard Springer

Origin ID: MMRA

FedEx
Express

3721 Executive Center Drive
Suite 268
AUSTIN, TX 78731



J13201306280326

SHIP TO: (202) 694-1120

Office of Public Records
Federal Election Commission
999 E ST NW

BILL SENDER

WASHINGTON, DC 20463

FedEx Ship Manager - Print Your Label(s)

Ship Date: 08JAN14
ActWgt: 0.1 LB
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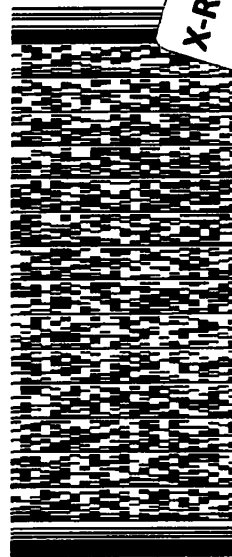
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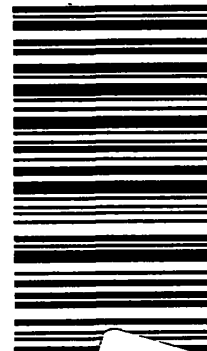
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X-RAYED BY FEC SECURITY



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Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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☐ No Postmark	
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☒ Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date <i>11/8/14</i>	
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☐ Received from Electronic Filing Office	Date of Receipt
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☐ Other (Specify):	Date of Receipt or Postmarked
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PREPARER
(8/2013)

11/10/14
DATE PREPARED

14031151349