FEC FORM 1

STATEMENT OF ORGANIZATION

FORM	/ 1 1		O	RGANIZ	AHO	N							
	-			(See instruct	ions)				(Office use o	nly		
1. NAME OF COMMIT		n full)		(Check if name is changed)		nple: If typying, the lines	type	12FE	1M5				
CRIMM	NS F	OR CON	GRESS							ш	ш	ш	Ш
										ш	ш		
ADDRESS (nu	mber an	d street)	P.O.	Box 70216						ш	ш	ш	
(Check i		SS									ш		
is chang	ed)		San I	Diego				CA		921	67 _ [ш	Ш
					CITY▲			STATE		ZI	P CODE	•	
COMMITTEE'	S E-M	AIL ADDR	,	provide only one		•							
(Check i		ss	Crim	minsForCong	ress@gm	ail.com					ш		
	,								11	ш			
COMMITTEE' (Check is change)	if addre			RL) minsForCong	ress								
2. DATE	м О	м 3	3 0 Y	2 0 1 1									
3. FEC IDEI	NTIFIC	ATION N	JMBER		C COO	441410							
4. IS THIS S	STATE	MENT	NEW	(N) OR	X	AMENDE	D (A)						
I certify that I ha	ve exar	nined this S	Statement and	to the best of my ki	nowledge an	d belief it is true,	correct and	d complete					
Type or Print N	Name c	f Treasure	er										
Signature of T	reasure	er El <u>ec</u> i	ronically Filed	d by				Date	ММ	/ D C	/ Y	Υ	YYY
NOTE: Submiss	sion of	alse, erron		plete information m						s of 2 U.S	.C. §437	g.	
Offi Us On	e					For further info Federal Election Toll Free 800-4. Local 202-694-	n Commissi 24-9530				FOR sed 02/20		

	1	FEC F	form 1 (Revised 02/2009)	Page 2							
5.			DMMITTEE (Check One)								
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information belo	w.)							
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	omplete the candidate							
	Name Cand		Michael Crimmins								
	Cand Party	idate Affiliati	Office X House Senate Pre	State State District 53							
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Cand										
-	Party	Comm									
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.							
	Politi	cal Act	ion Committee (PAC):								
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is a:							
			Corporation Corporation w/o Capital Stock	Labor Organization							
			Membership Organization Trade Association	Cooperative							
			Membership Organization I rade Association	Cooperative							
	(f)		In addition, this committee is a Lobbyist/Registrant PAC.								
		\' <u>П</u>	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.)								
	Joint F	Fundra	ising Representative:								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds 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 committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political							
		Com	mittees Participating in Joint Fundraiser								
			1. FEC ID number								
			2 FEC ID number C								
			3. FEC ID number								
			4. FEC ID number								

FEC Form 1 (Revised 02/2	2009)			Page 3
Write or Type Committee Name				
CRIMMINS FOR CONGRI	ESS			
6. Name of Any Connected Orga	anization, Affiliated Committee,	Joint Fundraising Repre	sentative, or Leade	ership PAC Sponsor
None				
Mailing Address				
	CITY▲		STATE A	ZIP CODE
Relationship:	_	_		
Connected Organization	Affiliated Committee	Joint Fundraising R	epresentative	Leadership PAC Sponsor
7. Custodian of Records: Iden possession of Committee be Full Name Mailing Address	ntify by name, address, (phonocooks and records.	e number optional),	and position of tr	le person in
Title or Position ♥	CITY A	Telephone n	STATE&	ZIP CODE A
	nd address (phone number designated agent (e.g., assist		rer of the commi	ttee; and the
Full Name of Treasurer Michael	Crimmins			
Mailing Address	P.O. Box 70216			
	San Diego		CA	92167
Title or Position ♥	CITY A		STATE. ▲	ZIP CODE A
Treasurer		Telephone r	number 619	_ 917 _ 2142

FEC Form	1 (Revised 02/2009)			Page 4
Full Name of Designated Agent	None			
Mailing Addres	SS			
Title or Position ▼		CITY A		
			Telephone number	
9. Banks or Other	Denocitories: Liet	all banks or other depositories in which	the committee deposits funds, h	olds accounts, rents
safety deposit bo Name of Bank, D	oxes or maintains funds.			
safety deposit bo Name of Bank, D	oxes or maintains funds. Depository, etc. Wells Fargo	i Rosecrans Street		
safety deposit bo	oxes or maintains funds. Depository, etc. Wells Fargo			
safety deposit bo Name of Bank, D	wes or maintains funds. Depository, etc. Wells Fargo 1205			92106
safety deposit bo Name of Bank, D	wes or maintains funds. Depository, etc. Wells Fargo 1205	Rosecrans Street		
safety deposit bo Name of Bank, D	wes or maintains funds. Depository, etc. Wells Fargo 1205	Rosecrans Street	ÇA	92106
safety deposit bo Name of Bank, D Mailing Address	Wells Fargo 1205 Poin Depository, etc.	Rosecrans Street It Loma CITY	ÇA	92106
safety deposit bo Name of Bank, D Mailing Address	Wells Fargo 1205 Pepository, etc.	Rosecrans Street	CA STATE △	92106 _
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Wells Fargo 1205 Pepository, etc.	is Rosecrans Street It Loma CITY Grant Rosecrans	CA STATE △	92106 _
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Wells Fargo 1205 Poin Depository, etc.	is Rosecrans Street It Loma CITY Grant Rosecrans	CA STATE △	92106 _