

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2014 FEB 12 AM 9:33

Office Use Only
MAIL CENTER

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COMMITTEE TO ELECT EMMETT HANSEN

ADDRESS (number and street)

25 MT WASHINGTON

☐

(Check if address
is changed)

CHRISTAINSTED

VI

00820

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

EMMETT@EMMETTHANSEN.INFO

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

WWW.EMMETTHANSEN.INFO

2. DATE

02 / 04 / 2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

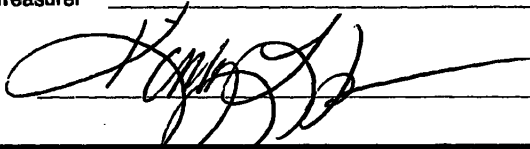
AMENDED (A)

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

KIMBERLY L JONES

Signature of Treasurer



Date

02 / 04 / 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 02/2009)

14031183457

5. 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. (Complete the candidate information below.)

Name of Candidate

EMMETT HANSEN

Candidate Party Affiliation

DEM

Office Sought:



House



Senate



President

State

VI

District

- (c) ☒ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

EMMETT HANSEN

Party Committee:

- (d) ☐ This committee is a ☐ (National, 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 connected 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 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 Fundraising Representative:

- (g) ☒ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | |
|----|----------------------|------------------|
| 1. | <input type="text"/> | FEC ID number: C |
| 2. | <input type="text"/> | FEC ID number: C |
| 3. | <input type="text"/> | FEC ID number: C |
| 4. | <input type="text"/> | FEC ID number: C |

14031183458

Write or Type Committee Name

COMMITTEE TO ELECT EMMETT HANSEN**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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

KIMBERLY JONES

Mailing Address

PO BOX 25513

CHRISTIANSTED

VI

00824

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

340

- 332

- 9282

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

KIMBERLY JONES

Mailing Address

PO BOX 25513

CHRISTIANSTED

VI

00824

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

340

- 332

- 9282

14031183459

Full Name of
Designated
Agent

EMMETT HANSEN

Mailing Address

PO BOX 25513

CHRISTIANSTED

CITY

VI

STATE

00824

ZIP CODE

Title or Position

CHAIRMAN

Telephone number

340

201

7106

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.

BANK OF ST CROIX

Mailing Address

PO BOX 24240

CHRISTIANSTED

CITY

VI

STATE

00824

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

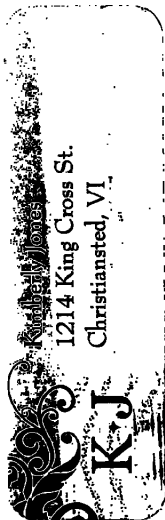
CITY

STATE

ZIP CODE

14031183460

14031183461



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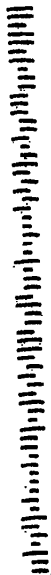
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FEC MAIL CENTER

Federal Election Commission
999 E Street NW
Washington, DC

20463



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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USPS Priority Mail Express

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Postmark Illegible

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No Postmark

☐

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

☐☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

EN

PREPARER

(8/2013)

2/12/14

DATE PREPARED

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