

FEC FORM 1

STATEMENT OF ORGANIZATION

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2019 DEC 18 AM 11:37
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Timothy W Gassaway For Congress

ADDRESS (number and street)

1604 NW 20 TH A

(Check if address is changed)

Amarillo

CITY ▲

TX

STATE ▲

79107

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

com2020@electtimothygassaway.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.electtimothygassaway.com

2. DATE

12 / 13 / 2019

3. FEC IDENTIFICATION NUMBER ►

C00731182

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 Gassaway

Signature of Treasurer

Date

12 / 13 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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)

NOTED IN THE COMMISSIONS

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

Timothy W Gassaway

Mailing Address

1604 NW 20 TH B
Amarillo TX 79107

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number 806 - 553 - 1614

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 M Gassaway

Mailing Address

PO Box 3423
Amarillo TX 79116

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 432 - 290 - 9188

NON-FEDERAL CAMPAIGN

Full Name of Designated Agent

Fransetta Crow

Mailing Address

1508 N. Hughes ST

Amarillo

CITY

TX

STATE

79107

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

806

379

6933

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 AMERICA

Mailing Address

PO BOX 15284

WILMINGTON

CITY

DE

STATE

19850

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2010 JUN 10 10 00 AM 2010

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participant:

1. _____

2. _____

3. _____

4. _____

FEC ID number **C** _____

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

Mailing Address _____

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

CITY ▲ STATE ▲ ZIP CODE ▲

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

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K. Gassaway
P.O. Box 3423
Amarillo, TX 79116

PRIORITY MAIL EXPRESS®



EJ 223 503 531 US

20463



U.S. POSTAGE PAID
PME 1-Day
AMARILLO, TX
79120
DEC 16, '19
AMOUNT
\$25.50
R2303S101703-45

PAYMENT BY ACCOUNT (if applicable)
USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)		Scheduled Delivery Date (MM/DD/YYYY)		Postage		Insurance Fee		COD Fee	
79120		12-17-19		\$25.50					
Date Accepted (MM/DD/YYYY)		Scheduled Delivery Time		Return Receipt Fee		Live Animal Transportation Fee			
12-16-19		10:30 AM 3:00 PM							
Time Accepted		10:30 AM Delivery Fee		Total Postage & Fees					
4:32 AM		\$		\$25.50					
Special Handling/Fragile		Sunday/Holiday Premium Fee							
\$		\$							
Weight		Flat Rate		Acceptance/Employee Initials					
3.00 lbs.		3.00 lbs.		JB					
DELIVERY (POSTAL SERVICE USE ONLY)		Delivery Attempt (MM/DD/YYYY) Time		Employee Signature					
		AM PM							
Delivery Attempt (MM/DD/YYYY) Time		Employee Signature							
AM PM									

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Federal Election Commission
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20191218 10:08:10 AM