Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Kerry W. Gibson PO Box 9621 ADDRESS (number and street) (Check if address is changed) Ogden 84409 UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cameron@incompliance.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) gibsonforcongress.com (Check if address is changed) DATE 2020 C00734640 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. Phillips, Cameron, , , Type or Print Name of Treasurer Phillips, Cameron, , , [Electronically Filed] 01 2020 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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		COMMITTEE e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Nam	ne of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the car information below.)	ndidate
	didate	Gibson, Kerry, W., ,	
	didate y Affiliati	tion REP Office Sought: X House Senate President District	UT 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	mmittee: (National, State (Democratic,	
(d)		This committee is a cr subordinate) committee of the Republican, or	etc.) Party.
Poli	itical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organ	nization is a
		Corporation Corporation w/o Capital Stock Labor Orga	anization
		Membership Organization Trade Association Cooperative	е
		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 fun committee. (i.e., nonconnected committee)	d or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po- committees/organizations, at least one of which is an authorized committee of a federal candidate.	olitical
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po committees/organizations, none of which is an authorized committee of a federal candidate.	litical
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number C	
	4		

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Write or Type Committee Nar		
Friends of Ker	ry W. Gibson	
	Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Represen	Leadership PAC Sponso
Custodian of Records: Id books and records.	entify by name, address (phone number optional) and position of the	person in possession of committee
Phillips,	Cameron, , ,	
Mailing Address	PO Box 751271	
	LAS VEGAS NV	89136
Title or Position	CITY STATE	ZIP CODE
Treasurer		702 5559
. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
Full Name Phillips, of Treasurer	Cameron, , ,	
Mailing Address	PO Box 751271	
	LAS VEGAS NV	89136
Title or Position	CITY STATE	ZIP CODE
110000161	Telephone number	702 259 5559

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Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		1 1
	Telephone number	
safety deposit be Name of Bank, I		accounts, rents
safety deposit bo	Depository, etc. Goldenwest Credit Union 5025 S. Adams Avenue	
safety deposit be Name of Bank, I	Depository, etc. Goldenwest Credit Union 5025 S. Adams Avenue	
safety deposit be Name of Bank, I	Ogden Ogden	ZIP CODE
safety deposit be Name of Bank, I	Ogden CITY STATE Zepository, etc. Goldenwest Credit Union UT 84403	
safety deposit be Name of Bank, I	Ogden CITY STATE Zepository, etc. Goldenwest Credit Union UT 84403	
safety deposit be Name of Bank, I	Ogden CITY STATE Zepository, etc. Goldenwest Credit Union UT 84403	
Name of Bank, I	Ogden CITY STATE Zepository, etc. Goldenwest Credit Union UT 84403	
Safety deposit be Name of Bank, I Mailing Address	Ogden CITY STATE Zepository, etc. Goldenwest Credit Union UT 84403	