FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

				AN 9: 44					
	NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 FEC MAIL CENTER					
	Kavin Strause for Congress								
3 49 5 3 49 5	ADDRESS (number and street)	190 Box 180	6						
	(Check if address is changed)								
		Bensalem : 1		STATE A ZIP CODE A					
C)	COMMITTEE'S E-MAIL ADDRESS								
M M M	(Check if address is changed)	linfo@kevinstrase.com							
im Vij		Optional Second E-Mail A	ddress						
	COMMITTEE'S WED DAGE AD								
	COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address								
	is changed)	is changed) LCC vin Strouse Gom							
	2. DATE 04 2013								
	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.								
	Signature of Treasurer	RONALD L.	6	Date 04 04 2013					
	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 Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100	contact: FEC FORM 1					

	COMMITTEE							
Candidate	e 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	1Kavin Strousa							
Candidate	ion Dem Office State PA							
Party Affiliat	ion U.e.m Sought: Y House Senate President District O.8							
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate								
Party Cor	nmittee:							
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.							
Political A	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) (42.3)	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 en line 6.)							
loint Eun	draising Representative:							
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political							
(9)	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.							
Con	nmittees Participating in Joint Fundraiser							
1.	FEC ID number C							
2.	FEC ID number							
3.	FEC ID number C							
4.								
••	<u>Introduction to the desired and administration to the desired and the desired</u>							

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Write or Type Committee N		<u>,</u>						
Levin Strouse for Congress 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor								
Mailing Address								
	CITY STATE	ZIP CODE						
Relationship: : Conne	ected Organization	Leadership PAC Sponsor						
books and records.	ra Haggard							
Mailing Address	129 Biciarwood Orive							
	Ringgold GA L	307361-						
Title or Position	CITY STATE	ZIP CODE						
Assistant T	reasurer 423	5]-[<u>8,3,8]-[8,9,8,9</u>						
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of						
Full Name of Treasurer	nald L. Fader							
Mailing Address	12/12/Sugar Maple Lane							
	Fuctora 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	Fuc long PA STATE	ZIP CODE						
Title or Position	J CITY STATE	•						

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•				Page 4		
	Full Name of Designated Agent Loca Hagaard					
	Mailing Address	1219 Briggrupoid Drive				
			<u>i </u>			
		Ris negation	GA 3.0	27.3.6 - ZIP CODE		
3494	Title or Position	Telephone n	umber <u>[4,2,3]</u> -	838-8989		
9. M O M O M	holds accounts, rents					
	Mailing Address	B. Terry Orive				
		Newtown:	PA L	8940-		
		CITY	STATE	ZIP CODE		
	Name of Bank, Depository, etc.					
	L.	<u> </u>	<u>i l i l l l l l l l l l l l l l l l l l</u>			
	Mailing Address					
						

CITY

STATE

ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS** Priority Mail Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): 4/12/13 PREPARER DATE PREPARED

(3/2005)