

FEC
FORM 1

STATEMENT OF ORGANIZATION

2019 NOV 12 AM 11:04
Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORT ANALYSTS DIVISION

COMMITTEE TO ELECT RICK PHILLIPS

ADDRESS (number and street)

104 SUNRISE PARK

(Check if address
is changed)

PELLA

CITY ▲

IA

50219

- 9343
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

RPHILLIPS2017@GMAIL.COM

Optional Second E-Mail Address
KRISTIEHLE@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

HTTPS://ELECTRICKPHILLIPS.NATIONBUILDER.COM/

2. DATE

11 / 05 / 2019

3. FEC IDENTIFICATION NUMBER ►

C TO BE ASSIGNED

4. IS THIS STATEMENT

NEW (N)

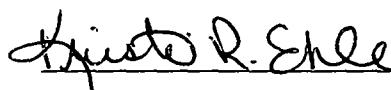
OR

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 KRISTI R EHLE

Signature of Treasurer



Date

11 / 05 / 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)

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

RICK PHILLIPS

Candidate Party Affiliation

REP

Office Sought:



House



Senate



President

State

IOWA

02

District

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

Name of Candidate

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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> 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)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
<input type="checkbox"/> 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. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

Write or Type Committee Name

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

INONE

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

TREASURER

Mailing Address

CITY

STATE

ZIP CODE

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

KRISTI RENEE FILE

Mailing Address

325 PINE STREET, APT. 8

BARNES LTD

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

|641 | - |660 | - |7985

Full Name of
Designated
Agent

CHARLOTTE ANN PHILLIPS

Mailing Address

104 SUNRISE PARK

PELLA IA 50219 - 9343

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number 641 - 780 - 6111

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.

COUNTY BANK

Mailing Address

106 S. MARSHALL ST.

GIBSON IA 50104 - 7713

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

_____ -

CITY

STATE

ZIP CODE

Rick Phillips
104 Sunrise Park
Pella, IA 50219

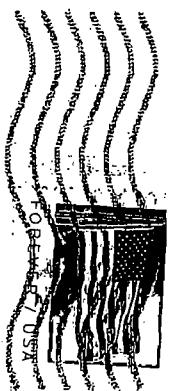
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05-Nov-2019 PM 3:11

Federal Election Commission
1050 First Street No. E.
Washington, DC 20463

RECEIVED
FCC MAIL CENTER

2019 NOV 12 AM 9:57



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
<input type="checkbox"/> Hand Delivered	
<input checked="" type="checkbox"/> USPS First-Class Mail	Postmarked 11-5-19
<input type="checkbox"/> USPS Registered/Certified	Date of Receipt 11-12-19
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>mf</i>	<i>11-12-19</i>
PREPARED (3/2015)	DATE PREPARED