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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Chad Kreemer for Congress

ADDRESS (number and street)

8086 Amanda Northern Rd NW

(Check if address
is changed)

Canal Winchester OH 43110-1111

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

ckreemer@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE 09/22/2009

3. FEC IDENTIFICATION NUMBER C

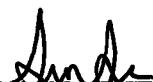
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Summer McKee

Signature of Treasurer



Date

09/22/2009

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)

29030162528

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

Chad A Kreemer

Candidate Party Affiliation

IND

Office Sought:



House



Senate



President

State

OH
07

District

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

Name of Candidate

[REDACTED]

Party Committee:

(d) This committee is a [REDACTED] (National, State or subordinate) committee of the [REDACTED] (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

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. [REDACTED] FEC ID number [REDACTED] C [REDACTED]
2. [REDACTED] FEC ID number [REDACTED] C [REDACTED]
3. [REDACTED] FEC ID number [REDACTED] C [REDACTED]
4. [REDACTED] FEC ID number [REDACTED] C [REDACTED]

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Write or Type Committee Name

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

None

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

Telephone number

111-111-1111

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

Summer McKeel

Mailing Address

1315 Music PI

CITY

STATE

ZIP CODE

Title or Position

Treasurer

937-1550-4289

29020162530

Full Name of Designated Agent	Chad A Kreemer		
Mailing Address	18086 Amandia Northern Rd NW		
	Canal Winchester	OH	43110-1
	CITY	STATE	ZIP CODE
Title or Position	Assistant Treasurer		
	Telephone number (614)-738-8468		

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.

Huntington Bank			
Mailing Address	13350 Indianapolis Ave		
	Columbus	OH	43214-1
	CITY	STATE	ZIP CODE

Name of Bank, Depository, etc.

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
<input type="checkbox"/> Hand Delivered	
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 9/22/09
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
	Shipping Date
<input type="checkbox"/> Overnight Delivery Service (Specify):	Next Business Day Delivery <input type="checkbox"/>
	Date of Receipt
<input type="checkbox"/> Received from House Records & Registration Office	
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
	Date of Receipt or Postmarked
<input type="checkbox"/> Other (Specify):	
<i>Jru W</i> PREPARER (3/2005)	<i>9/28/09</i> DATE PREPARED

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