Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Committee to Elect Krystal Marx 3815 S. Othello St ADDRESS (number and street) #100-1 (Check if address is changed) Seattle 98118 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS supreet@krystalmarx.com (Check if address is changed) Optional Second E-Mail Address contact@beecompliance.co COMMITTEE'S WEB PAGE ADDRESS (URL) Krystalmarx.com (Check if address is changed) DATE 2021 C00780486 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. Marx, James, , , Type or Print Name of Treasurer Marx, James, , , [Electronically Filed] 05 2021 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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		OMMITTEE • 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. (Cominformation below.)	plete the candidate			
Name Candi		Marx, Krystal, , ,				
Candi Party	date Affiliati	on DEM Office Sought: X House Senate President	State WA District 09			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi						
Part	y Con	nmittee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Polit	ical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a			
		Corporation Wo Capital Stock	Labor Organization			
		Membership Organization Trade Association	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 par 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	Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Nam		
Committee to E	Elect Krystal Marx	
	Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponso
. Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of	the person in possession of committee
Marx, Jar	nes, , ,	
Mailing Address	3815 S. Othello St	
Mailing Address	#100-1	
	Seattle	A 98118
Title or Position	CITY STAT	E ZIP CODE
Treasurer		1 !-! !-!
	Telephone number	
 Treasurer: List the name ar any designated agent (e.g., 	nd address (phone number optional) of the treasurer of the commassistant treasurer).	nittee; and the name and address of
Full Name Marx, Jan	nes, , ,	
Mailing Address	3815 S. Othello St	
	#100-1	
	Seattle	A 98118
Title or Position	CITY STATE	E ZIP CODE
Treasurer	Telephone number	

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		nber	
Name of Bank,	Depository, etc. Amalgamated Bank 275 Seventh Ave		
Mailing Address			
	New York	NY 1000°	
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
Mailing Address			