

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2014 DEC -3 AM 11:45
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FEC MAIL CENTER

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

12FE4M5

Crabtree for Congress

ADDRESS (number and street) PO BOX 421147

(Check if address is changed) KISSIMMEE FL 34742 - 1147

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) vcrabtree@crabtreeforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) crabtreeforcongress.com

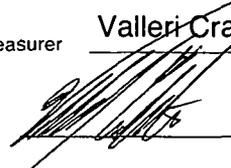
2. DATE 12 / 01 / 2014

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 Valleri Crabtree

Signature of Treasurer  Date 12 / 01 / 2014

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.

12000110011004

Write or Type Committee Name

Crabtree for Congress

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

None

Mailing Address

Grid for mailing address information

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

Grid for mailing address information

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Valleri Crabtree

Mailing Address

PO BOX 421147

KISSIMMEE

CITY

FL

STATE

34742

ZIP CODE

1147

Title or Position

Treasurer

Telephone number

407

347

2009

1470014 | 11/11/11 | 11:00 AM

Full Name of Designated Agent

Carlos Cruz

Mailing Address

PO BOX 421147

KISSIMMEE

CITY

FL

STATE

34742

ZIP CODE

-1147

Title or Position

Assistant Treasurer

Telephone number

407

-347

-2009

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.

Centennial Bank

Mailing Address

625 N CENTRAL AVE

KISSIMMEE

CITY

FL

STATE

34741

ZIP CODE

-5006

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

20090214 14:14:14

HOURS | 8AM - 5PM

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July 2013 OD: 12.5 x 9.5



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FROM: (PLEASE PRINT)
Valleri Crabtree
Crabtree for Congress
PO Box 421147
KISSIMMEE, FL 34742-1147
PHONE (321) 246-0341

PAYMENT BY ACCOUNT (if applicable)
USPS Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office™ for availability.

TO: (PLEASE PRINT)
Federal Election Commission
999 E STREET, N.W.
WASHINGTON, DC
PHONE (202) 694-1200

ZIP + 4® (U.S. ADDRESSES ONLY)
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\$100.00 Insurance Included.

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PO ZIP Code	1-Day <input type="checkbox"/> 2-Day <input type="checkbox"/>	Scheduled Delivery Date (MMDDYY)	Postage \$
34747		12/3	19.99
Date Accepted (MMDDYY)	Scheduled Delivery Time	Insurance Fee \$	COB Fee \$
12/2	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON		
Time Accepted	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
12:28 PM	Sunday/holiday Premium Fee \$	Total Postage & Fees \$	19.99
Weight lbs.	Accepted by Employee Initials	Employee Signature	
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MMDDYY) Time	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt (MMDDYY) Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-8898 1-ORIGIN POST OFFICE COPY

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<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
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (8/2013)

12/3/14
 DATE PREPARED

NONA | BUL | WCAH