FORM 1

10-03-00175620

Only

STATEMENT OF **ORGANIZATION**

Office DIE PMP Ti LC NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) KIMBERLIN BROWN PELZER FOR CONGRESS |71,85,NAVAJQ ROAD ADDRESS (number and street) (Check if address is changed) STATE A ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Check if address april@aprilboling.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address www.kimberlinforcongress.com is changed) **∀**=[-**∀**-,7 2017 06 DATE 10 2. FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT OR NEW (N) 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. C. April Boling Type or Print Name of Treasurer Signature of Treasurer Date 06 2017 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06,2012)

Toll Free 800-424-9530

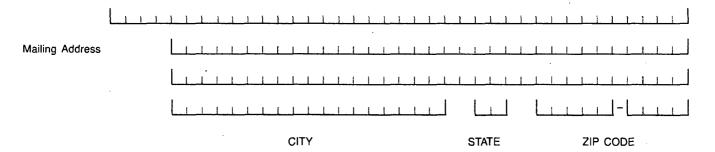
Local 202-694-1100

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5. TYPE OF	TYPE OF COMMITTEE		
Candida	te Committee:		
(a) X	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	KIMBERLIN BROWN PELZER		
Candidate Party Affilia	office State CA State CA State Sought: A House Senate President District 36		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Co	ommittee:		
(d)	This committee is a (National, State or subordinate) committee of the 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:		
**************************************	Corporation Corporation w/o 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 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 Fu	ndraising 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.		
42092			
Co	mmittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	[FEC ID number		
3.			
4.			

W	rite or Type Committee Name		
ΚI	MBERLIN BROWN PE	ZER FOR CONGRESS	' '
6.	Name of Any Connected (organization, Affiliated Committee, Joint Fundraising Represen	itative, or Leadership PAC Sponsor
L			
	Mailing Address		
		CITY	ATE ZIP CODE
			.
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Rep	resentative Leadership PAC Sponsor
			<u> </u>
7.	Custodian of Records: ide books and records.	ntify by name, address (phone number optional) and position o	f the person in possession of committee
			1
	Full Name C APRIL	BOLING	
	Mailing Address	[71,85,NAVAJO ROAD	
		SYITE P	
		SAN DIEGO C	А [92119 ₁ 695
	Title or Position	CITY STA	TE ZIP CODE
		· · · · · · · · · · · · · · · · · · ·	
	TREASURER	Telephone number	61,9 71,3 6888
	·		
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the comassistant treasurer).	mittee; and the name and address of
	Full Name		
	Full Name of Treasurer	BOLING	
	Mailing Address	71,85,NĄVĄJO ROĄD , , , , , , , , , , , , , , , , , , ,	
		SUITER	4 1 1 1 1 1 1 1 1 1 1 1 1 1
		SAN DIEGO	A 92119 , , _ 1695, ,
		CITY STA	
	Title or Position TREASURER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		619
	/,-/,-/,	Telephone number	[61,9

Name of Bank, Depository, etc.



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		Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page	of
5(g	or(h). Joint Fundraising Participant: 1		FEC ID number FEC ID number FEC ID number FEC ID number		
6.	Name of Any Connected Organization, Affil	liated Committee, Joint Fundra	aising Representative	e, or Leadership P	C Sponsor
	Mailing Address Addr	CITY A Affiliated Committee oint	STATE ▲ Fundraising Representa		ODE A
8.	Designated Agent: Identify by name, address Full Name Mailing Address TITLE OR POSITION ▼		STATE A	ZIP COI	
9.	Banks or Other Depositories: List all banks safety deposit boxes or maintains funds. Name of Bank,		lephone Number	s funds, holds acco	nts, rents
	Depository, etc.	CITY A	STATE A	ZIP CO	

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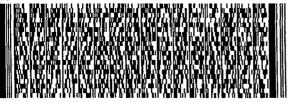
FEDERAL ELECTION COMMISSION FEDERAL ELECTION COMMISSION 999 E ST NW

WASHINGTON DC 20463 (202) 694-1100 REF: VP 70 PO:

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PREPARER	10/10/2017 DATE PREPARED	
(3/2015)	DATE FREPARED	