

William Kreml
For President

RECEIVED
FEC MAIL CENTER

2015 NOV -4 PM 12:14/3/15

To: F.E.C.

From: Bill Kreml for President Committee

Re: Registration with F.E.C.

Please be good enough to enter our
Presidential campaign into your files.

Should there be any questions, please do not
hesitate to call: 803, 800. 5953

or email: BillKreml@gmail.com

Thank you -

Bill Kreml

111 Southwood Pr.
Columbia, SC 29205

Committee For Kreml For President
Steven D. Dillingham, Treasurer
2708 Blaine Dr.
Chevy Chase, MD. 20815

WASHINGTON INFORMATION

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BILLIKREMILFORPRESIDENTIALCOMMITTEE

ADDRESS (number and street)

11150 VINTHWOOD DRIVE

(Check if address is changed)

COLUMBIA SC 29205-3219
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

billikremil@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.billikremil.org

2. DATE

11 / 03 / 2015

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

Nancy M. Kremel

Signature of Treasurer

Date

11 / 03 / 2015

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)

2015110400001644

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: WILLIAM F. KREML

Candidate Party Affiliation: GRN Office Sought: House Senate President State: 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:
 - 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 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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

2015-11-04 09:00:16

Write or Type Committee Name

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

[Empty grid lines for Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor]

Mailing Address

[Empty grid lines for 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

[Empty grid lines for Full Name]

Mailing Address

[Empty grid lines for Mailing Address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for Title or Position]

Telephone number

[Empty grid lines for 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

NANCY M. KRENL

Mailing Address

1111 SOUTHWOOD DRIVE

CO

COLUMBIA

CITY

SC

STATE

29203-3219

ZIP CODE

Title or Position

TREASURER

Telephone number

803-467-2759

62501-10000 INC 10416

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Lincoln SC 29008
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Date Accepted (MMDDYY)	Insurance Fee	Scheduled Delivery Date (MMDDYY)	Scheduled Delivery Time
11-3-15	\$	11-4-15	10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 7:00 NOON <input checked="" type="checkbox"/>
Time Accepted	Return Receipt Fee	10:30 AM Delivery Fee	Live Animal Transportation Fee
1:07 PM	\$	\$	\$
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0.30 lbs.	\$ 19.99	\$	AM
Flat Rate <input type="checkbox"/>			PM <input type="checkbox"/>
Employee Signature			Employee Signature

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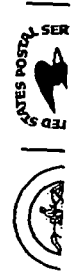
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UNITED STATES

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11/4/15
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