FEC

Only

STATEMENT OF

PAGE 1/5

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Staat for Congress 249 E. Ocean Blvd., #670 ADDRESS (number and street) (Check if address is changed) Long Beach 90802 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gary@crummittandassociates.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00719880 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT 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. Crummitt, Gary, , , Type or Print Name of Treasurer Crummitt, Gary,,, [Electronically Filed] 03 19 2020 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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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e 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		Staat, Jeremy, , ,	
Candi Party	date Affiliati	on REP Office Sought: X House Senate President	State CA District 08
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(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 con-	nected 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 se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	Iraising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political
(h)	_	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political
()	Ш	committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.	War Veterans Fund FEC ID number C C000	675637
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	е	
Staat for Congr	ess	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
None		
Mailing Address		
		1
	CITY STATE	ZIP CODE
_		_
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Represen	tative Leadership PAC Sponsor
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the	person in possession of committee
Crummitt,	Gary, , ,	
Full Name	249 E. Ocean Blvd., #670	
Mailing Address	240 E. Goodii Biva, 11070	
	Long Beach CA	90802
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	562 983 0815
8. Treasurer: List the name ar any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
Full Name Crummitt,	Gary, , ,	ı
of Treasurer	1240 E. Occop Rhyd. #670	
Mailing Address	249 E. Ocean Blvd., #670	
	Long Beach CA	90802
Title or Position	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	562 - 983 - 0815
_		

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	None, , , ,	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holdoxes or maintains funds.	ds accounts, rents
	oxes or maintains funds.	
or Dalik, I		
	California Bank & Trust	
Mailing Address	550 S. HOPE ST., #100	
	LOS ANGELES, CA 90071	
	CITY STATE	ZIP CODE
Name of Bank, [Depository, etc.	
	Eagle Bank 2001 K St. NW	
	I	
Mailing Address		
Mailing Address		
Mailing Address	Washington DC 20006	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraising	•		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint F	undraising Representativ	re, or Leadership PAC Spor
<u> </u>			
Mailing Address			
	1		1
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC S
	Organization Affiliated Committee		tative Leadership PAC S
esignated Agent: Identify			Leadership PAC S
esignated Agent: Identify Full Name			Leadership PAC S
esignated Agent: Identify Full Name			tative Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optiona		Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optiona	al)	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional control of the control o	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional control of the control o	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address	by name, address (phone number – optional control of the control o	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional control of the control o	STATE A Telephone Number	ZIP CODE A