Image# 201508259000929727				PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZ			1/102 1/ 1
			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Taxman for Pres				
	233 Davey Street			
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>				
	Buffalo └ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		NY         1420           STATE ▲	6     ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address is changed)	polka13333@yahoo.co	<b>)m</b> 		
	Optional Second E-Mail Add	dress		
<ul> <li>(Check if address is changed)</li> </ul>				
	24 / Y Y Y Y 2015			
. FEC IDENTIFICATION N	UMBER ► C c	00585034		
. IS THIS STATEMENT	< NEW (N) OR	AMENDED (A)		
eartify that I have exemined t	this Statement and to the best	of my knowledge and belief it	in true, correct and a	
certify that I have examined	ins Statement and to the best	of my knowledge and belief it	is true, correct and c	complete.
ype or Print Name of Treasure	er Mr. Christopher Everett Kum	ro		
Signature of Treasurer <i>Mr.</i>	Christopher Everett Kumro	[Electronically Filed]	Date 08	25 / Y Y Y Y 2015
IOTE: Submission of false, error		may subject the person signing t ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on <b>F</b>	EC FORM 1 (Revised 06/2012)

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F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>						
		OMMITTEE							
Can	didate	Committee:							
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)							
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)								
Name Cand		Christopher Everett Kumro							
Cand Party	idate Affiliati	on IND Office Sought: House Senate X President	State						
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name Candi									
Part	y Con	mittee:							
(d)			(Democratic, Republican, etc.) Party.						
Polit	tical 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	t Fund	raising Representative:							
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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 tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political						
	Com	mittees Participating in Joint Fundraiser							
	1.	FEC ID number							
	2.	FEC ID number							
	3.	FEC ID number							
	4.	FEC ID number							

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Write or Type Committee Name

## Taxman for President

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

N			
	Mailing Address		
		CITY	STATE ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Sponsor
7.	books and records.		optional) and position of the person in possession of committee
	Full Name	pher Everett Kumro	
	Mailing Address	233 Davey Street	
		Buffalo	NY 14206
	Title or Position	CITY	STATE ZIP CODE
	Treasurer		Telephone number
8.	Treasurer: List the name and any designated agent (e.g., a		he treasurer of the committee; and the name and address of

Full Name of Treasurer	Mr. Christopher Everett Kumro
Mailing Address	233 Davey Street
	Buffalo
	CITY STATE ZIP CODE
Title or Position	Telephone number

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Full Name of Designated Agent								I	I																					
Mailing Address																														
																							L							
							СІЛ	ΓY											STA	ΤE					ZII	PC	COD	Ε		
Title or Position																														
														Tele	eph	ione	e ni	umt	ber											

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.

KeyBa	nk		
Mailing Address	50 Fountain Plaza		
	Buffalo	NY	14206
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE