

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

17 APR -3 PM 4:40

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

COMMITTEE TO ELECT JAY CRADDOCK

ADDRESS (number and street)

1760 LINN LANE

(Check if address is changed)

LAS VEGAS

CITY ▲

NV

STATE ▲

89156

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

JAY GREGORY CRADDOCK @ GMAIL . COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW . CRADDOCK FOR SENATE . COM

2. DATE

03 / 28 / 2017

3. FEC IDENTIFICATION NUMBER

C

IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Jay G. Craddock

Signature of Treasurer

[Handwritten Signature]

Date

03 / 28 / 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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

201704030200085748

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 JAY GREGORY CRADDOCK

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

20104030200085749

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

[Empty grid lines for city, state, and zip code]

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

[Empty grid lines for mailing address]

[Empty grid lines for city, state, and zip code]

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

JAY G CRADDOCK

Mailing Address

1760 LINN LANE

[Empty grid lines for mailing address]

LAS VEGAS

NV

89156

CITY

STATE

ZIP CODE

Title or Position

CANDIDATE

Telephone number

702-561-6958

201704030200085750

Full Name of Designated Agent

Mailing Address

Title or Position

Telephone number

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.

NEVADA State Bank

Mailing Address

P.O. Box 27995

SALT LAKE CITY

UT

84127-4473

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

NEVADA State Bank

Mailing Address

P.O. Box 990

LAS VEGAS

NV

89125

CITY

STATE

ZIP CODE

201704030200085751

PRESS FIRMLY TO SEAL

MAIL *
PRESS™

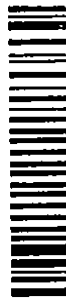
BEST SERVICE IN THE U.S.

SCREENED
BY THE SENATE
POST OFFICE

INTERNATIONALLY,
TOMS DECLARATION
MAY BE REQUIRED.



ly 2013 OD: 12.5 x 9.5



3-ADDRESS COPY

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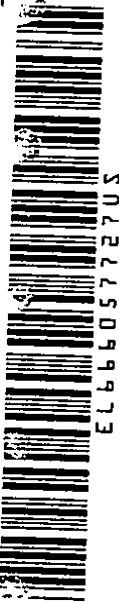


1007

20013



U.S. POSTAGE
PAID
BATTLE MOUNTAIN, NV
89820
MAR 28, 17
AMOUNT
\$26.50
R2304W120940-04



EL66605727US



PRIORITY
MAIL *
EXPRESS™

CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
PHONE 702-561-6559
Jay C. Crabbish
1760 Linn Lane
Las Vegas, Nev. 89156

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)
 SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Addresses 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.
 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)
PHONE ()
Office of Public Record
PO Box 77578
Washington DC 20013-7578

ZIP + 4* (U.S. ADDRESSES ONLY)
20013-7578

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 Insurance Included.

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE

ORIGIN (POSTAL SERVICE USE ONLY)
 1-Day
 2-Day
 Military
 DPO

PO ZIP Code: 89820
 Scheduled Delivery Date (MM/DD/YYYY): 3-31-17
 Scheduled Delivery Time:
 10:30 AM
 12 NOON
 3:00 PM
 10:30 AM Delivery Fee: \$
 Sundry/Holiday Premium Fee: \$
 Special Handling/Fragile: \$
 Weight: 5 lbs. 3 ozs.
 Flat Rate: (Flat Rate)
 Acceptance Employee Initials: [Signature]

DELIVERY (POSTAL SERVICE USE ONLY)
 Delivery Attempt (MM/DD/YYYY) Time: 3-31-17
 AM
 PM
 Employee Signature: [Signature]
 Delivery Attempt (MM/DD/YYYY) Time: [Blank]
 AM
 PM
 Employee Signature: [Signature]

Insurance Fee: \$ 7.35
 COD Fee: \$
 Return Receipt Fee: \$ 2.76
 Live Animal Transportation Fee: \$
 Total Postage & Fees: \$ 26.50

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL **3/28/17** _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

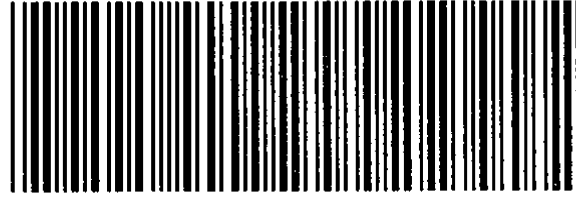
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

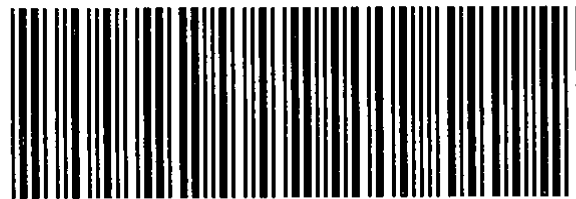
OTHER _____
Date of Receipt or Postmark

PREPARER **HB** DATE PREPARED **4/3/17**

201704030200085753



SEN PATCH



SEN PATCH

201704030200085754