

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2018 AUG 22 AM 11:52
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

NO KID SHOT

ADDRESS (number and street) 888-C EIGHTH AVENUE

(Check if address is changed) #541

NEW YORK CITY NY 10019 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) TREASURER@NOKIDSHOT.ORG

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) WWW.NOKIDSHOT.ORG

2. DATE 08 / 20 / 2018

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 TOM KOCHAN

Signature of Treasurer [Handwritten Signature] Date 08 / 20 / 2018

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.

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number

FEC ID number

FEC ID number

FEC ID number

C _____

C _____

C _____

C _____

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

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2018-08-21 10:00 AM

PRESS FIRMLY TO SEAL

PRIORITY MAIL EXPRESS

POSTAL SERVICE IN THE UNITED STATES

INTERNATIONALLY, A POSTAL DECLARATION OF VALUE MUST BE REQUIRED.

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UNITED STATES

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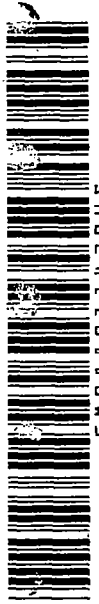


1007



20463

U.S. POSTAGE PAID NEW YORK, NY 10019 AUG 21 18 AMOUNT \$24.70 R2305M148720-13



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INTERNATIONAL USE
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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) Requires 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.
Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Relier to USPS.com® or local Post Office™ for availability.
TO: (PLEASE PRINT)
Federal Election Commission
100 North Street NE
Washington DC 20463
PHONE ()

ZIP + 4* (U.S. ADDRESSES ONLY)
20463-1013

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ORIGIN (POSTAL SERVICE USE ONLY) 1-Day 2-Day Military DPO
Scheduled Delivery Date (MM/DD/YYYY) 8/24/18 Postage \$ 24.70
Date Accepted (MM/DD/YYYY) 8/24/18 Scheduled Delivery Time 10:30 AM 12 NOON 4:30 AM 3:00 PM Insurance Fee \$ COD Fee \$
Time Accepted AM PM 10:30 AM Delivery Fee \$ Return Receipt Fee \$ Live Animal Transportation Fee \$
Special Handling/Fragile \$ Sunday/Holiday Premium Fee \$ Total Postage & Fees \$ 24.70
Weight lbs. 2.025
Fragile Rate Acceptance Employee Initials
DELIVERY (POSTAL SERVICE USE ONLY)
Delivery Attempt (MM/DD/YYYY) Time AM PM Employee Signature
Delivery Attempt (MM/DD/YYYY) Time AM PM Employee Signature

LABEL 11-B, OCTOBER 2016 FSN 7680-02-000-9596 3-ADDRESSEE COPY

