2018 - 05 - 29 - 05 - 00212752

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2018 MAY 29 AM 10: 26

NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
Camille For Congress - Hea	rt of Mis	souri	1 1 1 1 1 1 1 1 1 1 1			
ADDRESS (number and street) (Check if address is changed)	РО В	OX 160134				
	سا		<u> </u>			
• ,	St _i Lou	uis <u> </u>		MO 63116 -		
COMMITTEE'S E-MAIL ADDRES	SS					
(Check if address is changed)	camil	eforcongress@hpl	tmail.com*	المستنبي منتسبب المسالي		
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COMMITTEE'S WEB PAGE ADD	BESS (JRI)		10 to		
(Check if address is changed)	,, 200 (
seed is changed)	1	:				
2. DATE 05 18	D / 2	018 Y				
3. FEC IDENTIFICATION NUMBER ► CS8M000194						
4. IS THIS STATEMENT	NEV	V (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 Camille Lombardi-Olive						
Signature of Treasurer Date 05 18 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.						
Office Use Only			For further information c Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100			

FEC FO	rm 1 (Hevised 02/2009)	Page 2					
TYPE OF C	OMMITTEE 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							
Candidate Party Affiliati	on Sought: House Senate President	State					
(c) · ,	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Con							
(d)		emocratic, oublican, etc.) Party.					
Political A	ction Committee (PAC):						
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:					
	Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated 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	draising Representative:						
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
Com	mittees Participating in Joint Fundraiser						
1.	FEC ID number C	جمعوان دارد والموا أواصوات والمحدد					
2.	FEC ID number C	ۇدىق ئارايىك بىلىق ئالىقىمىم مامىلىدىدە					
3.	FEC ID number C	راد الماريخ الماريخ المحمد المحمد المحمد المحمد					
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FEC Form 1 (Rev	ised (12/2009)	Page 3
Write or Type Committee		, ago o
Camille For Congres	ss ·	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Crowdpac		
Mailing Address	535 Mission St. 14th floor	
	San Fransisco	94105
	CITY STATE	ZIP CODE
Relationship: X Con	nected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the pers	on in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	<u> </u>
	ne and address (phone number optional) of the treasurer of the committee; ar e.g., assistant treasurer).	nd the name and address of
Full Name of Treasurer		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

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2018 MAY 29

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
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PREPARER	·	DATE PREPARED		
(3/2015)		·		