

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

2014 JAN 17 AM 11:54

FEC MAIL CENTER

KRIS JOHNSON THE COMMITTEE TO ELECT

ADDRESS (number and street)

PO BOX 2295

(Check if address is changed)

GRANITE BAY

CA

95746

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

KRISJOHNSONFORCONGRESS@GMAIL.COM

Optional Second E-Mail Address

KMJOHNSON@SUREWEST.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.KRISJOHNSONFORCONGRESS.COM

2. DATE

01 / 13 / 2014

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

DOROTEA BLADEN

Signature of Treasurer

Dorotea Bladen

Date

01 / 13 / 2014

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 Use Only

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

FEC FORM 1 (Revised 06/2012)

14031153816

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 KRISTINE JOHNSON

Candidate Party Affiliation DEM Office Sought: House Senate President State CA District 4

- (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 type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

14031153817

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]

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

KRISTINE JOHNSON

Mailing Address

6149 SHADOWBROOK DR
GRANITE BAY CA 95746

Title or Position CITY STATE ZIP CODE

CANDIDATE Telephone number 916-791-0723

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

DOROTEA BLADEN

Mailing Address

2168 AMHERST WAY
ELDORADO HILLS CA 95762

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

14031153818

Full Name of Designated Agent

RITA COPELAND

Mailing Address

5429 MADISON AVE

SACRAMENTO

CITY

CA

STATE

95841-

ZIP CODE

Title or Position

Telephone number

916-348-9100

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.

WELLS FARGO BANK

Mailing Address

25015 BLUE RIVINE RD

FOLSOM

CITY

CA

STATE

95630-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031153819

14031153820



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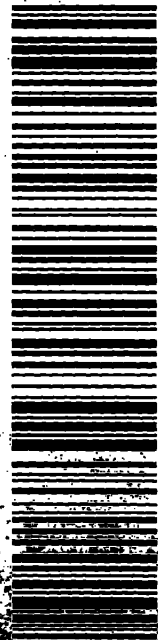
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POSTAL SERVICE®
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FROM: KRISTORHANSON FOR CONGRESS
PO BOX 2295
GRANITE BAY, CA 95746

TO:
FEDERAL ELECTION COMMISSION
999 E STREET NW
WASHINGTON D.C. 20463

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2014 JAN 17 AM 11:54
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ZIP - USPS TRACKING NUMBER



420 20463 9505 5213 8421 4013 0007 24

Label 228, July 2013

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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked

JSD
 PREPARER
 (8/2013)

1/17/14
 DATE PREPARED

14031153821