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01/12/2024 13 : 30

STATEMENT	OF
ORGANIZAT	ION

FEC FORM 1		STATEME ORGANIZ			PAGE 1 / 5
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
	for Con	igress			
ADDRESS (number ar	nd street)	PO Box 84			
(Check if a is changed					
	,	Forestville CITY ▲		LPA L ¹⁰ STATE ▲	6035 [] ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRES	SS			
(Check if a is changed		kramerforcongress@gmail	.com		
		Optional Second E-Mail Ac	ldress		
COMMITTEE'S WEB	ddress	PRESS (URL)			
2. DATE 08	M / D 07	2023			
3. FEC IDENTIFIC	ATION NU	MBER ► C C	00847608		
4. IS THIS STATEN		NEW (N) OR	× AMENDED (A)		
I certify that I have e	xamined thi	s Statement and to the best	t of my knowledge and belief i	t is true, correct ar	nd complete.
Type or Print Name o	of Treasurer	Martin, Megan, , ,			
Signature of Treasure	r Martin	, Megan, , ,		Date 01	/ D D / Y Y Y Y 12 2024
NOTE: Submission of f	alse, errone		may subject the person signing ATION SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Kramer, Timothy, , Candidate State PA Candidate Office REP House Senate President Party Affiliation Sought: District 16 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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.) (g) This committee is an independent expenditure-only political committee (Super PAC).

	In addition, this committee is a Lobbyist/Registrant PAC.
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) 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.
 (j) 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.
 2.

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

Tim Kramer for Congress

lame of Any C	Conr	lect	ted	Or	ga	niz	ati	on,	Af	filia	ateo	dC	Con	nm	itte	ee,	Jo	bin	t F	un	dra	isir	ng	Re	pre	ser	ntat	ive	, 0	r L	eac	der	ship	P	AC	Sp	oon	sor		
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elationship:	С	onn	ect	ed	Org	jani	izat	ion	C	,	Affil	iate	ed (Org	an	izat	tior	ı		J	oint	Fu	Indr	ais	ing	Re	pres	sen	tativ	/e			Lea	de	rshij	ρP	AC	Spo	ons	or
1	NONE	AONE	NONE	AONE	AONE	NONE	NONE	Address	NONE ailing Address	NONE ailing Address	NONE ailing Address	NONE ailing Address	NONE ailing Address	NONE ailing Address L L L C	NONE ailing Address L L L CITY	NONE ailing Address	NONE ailing Address	NONE	NONE ailing Address	NONE ailing Address	NONE ailing Address	NONE ailing Address	NONE ailing Address	NONE ailing Address L	NONE ailing Address L	NONE ailing Address L L L L L L L L L L L L L L L L L L	NONE ailing Address	NONE ailing Address	NONE ailing Address L	NONE ailing Address	NONE ailing Address	NONE ailing Address	NONE ailing Address L L L L L L L L L L L L L L L L L L	NONE ailing Address L L L L L L L L L L L L L L L L L L	NONE ailing Address L L L L L L L L L L L L L L L L L L	ailing Address \Box				

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Ma	artin, Megan, , ,			
Full Name				
Mailing Address	6178 Brown Road			
	Butler		PA 16002	
	CITY ▲	S	STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer		Telephone numb	ber 724 –	713 - 7671

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	Martin, Megan, , ,
Mailing Address	6178 Brown Road
	Butler
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
	Telephone number 724 713 7671

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Vargo, Kristen, , ,	
Mailing Address	102 Rabbitt Road	
	Chicora PA 16025	
		CODE 🔺
Title or Position	\checkmark	
	Telephone number	8748

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.

	First National Bank		
Mailing Address	110 Butler Commons		
	Butler		1
	CITY A	STATE A	ZIP CODE
Name of Bank, De	epository, etc.		
Mailing Address			
	CITY A	STATE A	ZIP CODE

EC Form	1 S	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) o	r(h). Joint Fundraising	Participant:		
	1.		FEC ID number	
	2.		FEC ID number C	
	3.		FEC ID number C	
			FEC ID number	
	4.			
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrais	ing Representative, or Leadership PA	C Sponsor
	Mailing Address			
		1		
	Delationahin			
	Relationship:	CITY A	STATE A ZIP CO	
		CITY CITY		DE A
8.	Connected			
8.	Connected	Organization Affiliated Committee Joint Fu		
8.	Connected Designated Agent: Identify , Scherer, Z	Organization Affiliated Committee Joint Fu		
8.	Connected Connected Designated Agent: Identify Scherer, Z Full Name	Organization Affiliated Committee Joint Fu		
8.	Connected Connected Designated Agent: Identify Scherer, Z Full Name	Organization Affiliated Committee Joint Fu		
8.	Connected Connec	Organization Affiliated Committee Joint Fu	ndraising Representative	 PAC Sponsor
8.	Connected Connec	Organization Affiliated Committee Joint Fu	Indraising Representative Leadership Leadership	 PAC Sponsor
8.	Connected Connec	Organization Affiliated Committee Joint Fu	ndraising Representative	 PAC Sponsor
9.	Connected Connec	Organization Affiliated Committee by name, address (phone number – optional) achary, , , 116 Rabbitt Road Chicora Chicora ClTY ▲ Teleperet: List all banks or other depositories in which the set of the s	Indraising Representative Leadership Image: Descent at the second se	 PAC Sponsor

Depository, etc.																															
Mailing Address																															
		1																													
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	CITY A												STATE A							ZIP CODE 🔺											