

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Catherine Krantz for Congress

ADDRESS (number and street) 314A West Lennon Dr. #191

(Check if address is changed)

Emory

CITY ▲

TX

STATE ▲

75440

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

treasurer@catherinekrantz.com

Optional Second E-Mail Address

info@catherinekrantz.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.catherinekrantz.com

2. DATE

MM / DD / YYYY
11 / 06 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00659813

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 Krantz, Catherine, , ,

Signature of Treasurer Krantz, Catherine, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 06 / 2017

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)

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 Krantz, Catherine, , ,

Candidate Party Affiliation DEM Office Sought: House Senate President State TX District 04

- (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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Catherine Krantz for Congress

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

NONE

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 Krantz, Catherine, , ,

Mailing Address 314A West Lennon Dr. #191

Emory TX 75440

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 903 221 8181

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 Krantz, Catherine, , ,

Mailing Address 314A West Lennon Dr. #191

Emory TX 75440

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 903 221 8181

Full Name of Designated Agent

McClenney, Kimberly, , ,

Mailing Address

314A West Lennon Dr. #191

Emory

TX

75440

CITY

STATE

ZIP CODE

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.

Austin Bank

Mailing Address

PO Box 490

Emory

TX

75440

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE