

FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only
2019 SEP 26 11:53

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FR4MS

Traditionalist Worker Party National Committee

ADDRESS (number and street)

(Check if address is changed)

619 N Gospel St lot 1

Paoli IN 47454

STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

parrott.matt@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 09 12 2019

3. FEC IDENTIFICATION NUMBER 000583658

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 David Matthew Parrott

Signature of Treasurer [Signature] Date 09 12 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30102. 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)

20190926 10:50:00 AM

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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

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

2010-09-10 10:00:00 AM

Write or Type Committee Name

Traditionalist Worker Party National Committee

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

David Matthew Parrott

Mailing Address

619 N Gospel St Lot 1

Paoli

IN

47454

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

317-324-8282

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

David Matthew Parrott

Mailing Address

619 N Gospel St Lot 1

Paoli

IN

47454

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

317-324-8282

20040902 10:00 AM

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

653 Migaldi Ln

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

Lansing MI 48917

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

NOT FOR FEDERAL DEPOSIT



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Origin: 48917
09/18/19
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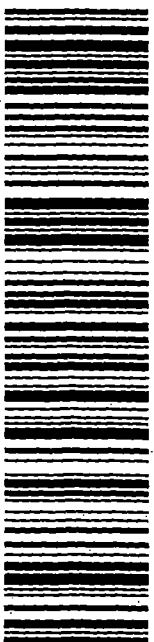
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EP14F Oct 2018

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PRIORITY MAIL



VISIT US AT
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FROM: Traditionalist Worker Party NA
619 N Gosport St Lot 1
Paoli, IN 47454

TO: Federal Election Com
1050 First Street NE
Washington DC 20463

Label 228, March 2016

FOR DOMESTIC AND INTL

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 9-18-19
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

af
 PREPARER
 (3/2015)

9-20-19
 DATE PREPARED

NO FEE FOR ONLINE DONATION