FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

								Office	ose Only	у	
NAME OF COMMITTEE (in full)		(Check if name is changed)		mple:If typing the lines.	g, type	12F	E4M5	5			
ADDRESS (number and street)											
	C	ITY 🛦				STATE			ZIF	CODE	<u> </u>
COMMITTEE'S E-MAIL ADDRES	SS										
	Optional	Second E-Mail A	Address								
COMMITTEE'S WEB PAGE ADD	DRESS (L	RL)									
(Check if address is changed)											
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2. DATE/	D / Y	YYYY									
3. FEC IDENTIFICATION NU	IMBER)	C									
4. IS THIS STATEMENT	NEW	(N) OR		AMENE	DED (A)						
I certify that I have examined th	is Statem	ent and to the be	est of my l	knowledge ai	nd belief it	is true,	correc	t and co	omplete.		
Type or Print Name of Treasurer											
Signature of Treasurer						Date	M	M /	D D	/ Y Y	" Y " Y
NOTE: Submission of false, errone		complete information							nalties o	f 2 U.S.C). §437g.
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		OMMITTEE e 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.)
	ame of andidate	
	andidate arty Affiliati	on Office State On Sought: House Senate President District
(c))	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	ame of andidate	
P	arty Con	
(d))	This committee is a (National, State (Democratic, Republican, etc.) Party.
P	olitical A	ction 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.)
	int Euro	Iraising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number C
	3.	
	4.	

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_	Write or Type Committee Nam	e	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
L			
L			
	Mailing Address		
	Walling Address		
		CITY STATE	ZIP CODE
		CITI	ZIF CODE
	Relationship: Connecte	d Organization	Leadership PAC Sponsor
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in	possession of committee
	Full Name		
	Mailing Address		
	Title or Position	CITY STATE	ZIP CODE
	The of Position	CITY	ZIP CODE
		Telephone number	
8.	Treasurer: List the name ar any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name of Treasurer		
	Mailing Address		
			<u>, , , - , , , </u>
	Title or Position	CITY STATE	ZIP CODE

Telephone number

	(Revised 02/	2009)																			Pa	ge 4	
Full Name of Designated Agent		1 1	1 1																				
Mailing Address	L																						
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Title or Position									Te	elep	hon	e ni	umb	er	L] – []-[
Banks or Other Depo safety deposit boxes of Name of Bank, Depos	or maintains	st all ba funds.	anks c	or othe	er de _l	posito	ories	in w	hich	the	e co	mm	itte	e de	pos	its f	unds	s, ho	lds	acco	ounts	, rent	S
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Mailing Address Name of Bank, Depos					CITY	/ /								L L	TE.							=======================================	