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2010 FEB -3 AM II: 59 -

FORM 1	ORM 1 ORGANIZATION			Office Use Only	
1. NAME OF COMMITTEE (in full)	(Check it name is changed)	Example: If typing, type over the lines.	12FE4M5		
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Party 1019	Minnesota				
ADDRESS (mumber and street	DDRIESS (mumber and street)) Pio Bioixi 7				
✓ (Check if address					
∴ is changed)	Wiew Lionide	Wiew Loinidain		56273-	
		СПУ	STATE	ZIP CODE	
COMMITTEE'S E-MAIL AD	DRESS (Please provide only one	e-mail address)			
(Check if address	Liohn 70 td.	snet			
y (chack in allulus is changed)			<u> </u>		
COMMITTEE'S WEB PAGE	: ADDDECC AIDI)		-		
COMMITTEES WED PAGE	ADDRESS (UNL)		1 1 1 1 1		
(Check if addres is changed)	s				
	1			 	
2 DATE O	åq àoiò				
3. FEC IDENTIFICATION	N NUMBER C	0380873			
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)			
I certify that I have examin	ed this Statement and to the bes	at of my knowledge and belief i	it is true, correct	and complete.	
Type or Print Name of Trea	surer 20hn 1	Jethina			
Signature of Treasurer	John next	eng	Date O.	l'ag'aoio	
NOTE: Submission of false, e	enoneous, or incomplete information ANY CHANGE IN INFORMAT	nay subject the person signing ION SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.	
Office Use		For further information of Federal Election Commiss Tall Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

FEC	Farm 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	
Candida	ite 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. (Comintormation below.)	plete the candidate
Name of Candidate	<u> </u>	<u> </u>
Candidate Party Affili		State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	··· ————
(d) ·	— t make the contract of the c	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) its con	nected 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 se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Co	mmittees Participating in Joint Fundraiser	
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2.	FEC ID number C	nuo uos kallo 1912. Salta salta
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4.	FEC ID number C	

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Write or Type Committee Name	· · · · · · · · · · · · · · · · · · ·	
6. Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Mailing Address		
		لـــــا-لـــ
	CITY STATE Z	PCODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
		······································
Custodian of Records; Idea books and records.	tifly by name, address (phone number — optional) and position of the person in posses	ssion of committee
11	and the land	ı
	Nething	<u> </u>
Mailing Address	Lionisi i 2151514h Avieniue	
	Belgnade 11 15631	اماراد ا
Title or Position		P CODE
	OH! SIME ZI	CODE
Triciasiurier	Telephone number 320-315	על-1 <u>4טי</u> ליב
8. Treasurer: List the name an	d address (phone number — optional) of the treasurer of the committee; and the name	and address of
any designated agent (e.g., a	assistant treasurer).	
Full Name of Treasurer <u>Ploibir</u>	Wething	
Mailing Address	110931 2554 b Avientie	
•	Bierlanaider MIN 51631	لــــا-ها
Title or Position	J CITY STATE ZIF	COBE
Tineasimnen	Telephone number 320-35	141-147121Th

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FEC Form	1 (Revised 02/2009)		Page 4	
Full Name of Designated Agent	Rista Nething			
Mailing Address	11091311 125517th AUTENIA			
		1111		
	Bierligipadie	MIN STATE	5:63:1.2 - ZIP CODE	
Title or Position	mant Hoeaswier Telephone m	umber [3	201-13,5,41-14,1,7,11	
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.				
	Cientinali Milli Fieldiernali Cined	liituu	ليبييمونو	
Mailing Address	1201 minnier Street	<u> </u>	<u> </u>	
				
	Paymerswille	m	1563621-	
	СПУ	STATE	ZIP CODE	
Name of Bank, D	Depository, etc.			
		1111		
Mailing Address	. L.	111.1.		
			السلا-السلا	
	CITY	STATE	ZIP CODE	

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No Postmark			
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Smis	2/3/10		
PREPARER (3/2005)	DATE PREPARED		