

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

X

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5 FEC MAIL CENTER

THE NATIONAL 911 PROJECT
ATTN: DEBORAH BEHREND

ADDRESS (number and street)

16900 HOSKINSON RD

X

(Check if address
is changed)

POOLESVILLE

CITY ▲

MD

STATE ▲

20837

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

X

(Check if address
is changed)

dbehrend@aol.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

◀

(Check if address
is changed)

2. DATE

09 21 2012

3. FEC IDENTIFICATION NUMBER ▶

C00461517

4. IS THIS STATEMENT

X

NEW (N)

OR

AMENDED (A)

REACTIVATION

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

DEBORAH BEHREND

Signature of Treasurer

Deborah Behrend

Date

09 21 2012

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)

12030892023

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
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- (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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> 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
2. FEC ID number
3. FEC ID number
4. FEC ID number

12030892024

Write or Type Committee Name

THE NATIONAL 912 PROJECT

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

MONIE

Mailing Address

[Empty grid 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 DEBORAH BEHREND

Mailing Address 169010 HOSKINSON RD

[Empty grid for mailing address]

POLOESVILLE MD 20837

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 301-349-2504

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 DEBORAH BEHREND

Mailing Address 169010 HOSKINSON RD

[Empty grid for mailing address]

POLOESVILLE MD 20837

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number 301-349-2504

12030892025

Full Name of Designated Agent

STEPHANI SCRUGGS

Mailing Address

5784 WINDERMERE TERRACE

MILLTOWN

MILLTOWN

CITY

FL

STATE

321670

ZIP CODE

Title or Position

EXECUTIVE DIRECTOR

Telephone number

850-994-6568

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.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030892026
In the process of opening one



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Form 8871 - Exceptions from Requirement to File

The following political organizations are *not* required to file Form 8871:

- Any organization required to report to the Federal Election Commission as a political committee,
- Committees of state or local candidates,
- State or local committees of a political party , and
- Any organization reasonably anticipating that it will always have less than \$25,000 for any taxable year.

Page Last Reviewed or Updated: 03-Aug-2012

12030892027

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.

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USPS Express Mail

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked


PREPARER

(3/2005)

10/2/12
DATE PREPARED

12030892028