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FEC FORM 1

STATEMENT OF ORGANIZATION

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

THE NATIONAL 9/12 PROJECT

ATTN DEBORAH BEHREND

ADDRESS (number and street) 16900 HOSKINSON RD

X ◄ (Check if address is changed)

POOLESVILLE MD 20837-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

X ◄ (Check if address is changed) drbehrend@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 R 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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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(Revised 06/2012)