FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

FORM 1 OTTOATTIEATTON							FEC MAIL CENTER		
1. NAME OF COMMITTEE (in full)		(Check if name s changed)		mple:If typing, ty r the lines.	pe 1:	2FE4M5		,
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COMMITTEE'S E-M	IAIL ADDR	ESS (Please	provide only o	ne e-mail ad	dress)				
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2. DATE 0	4 0	3 2	0 1 2		•			•	
3. FEC IDENTIF	ICATION I	IUMBER	C]			
4. IS THIS STATI	EMENT	NEW	' (N) OI	R [AMENDED .	(A)		•	
I certify that I have	examined	this Stateme	ent and to the	best of my	knowledge and b	pelief it is tr	ue, correct a	and complete	
Type or Print Name	of Treasu	er <u>Go</u>	rdon Creer			•			
Signature of Treasu	ırer 🚤	Xoro	bow	Cen	<u>~</u>	Dat	0 4	0.3	2 0 1 2
NOTE: Submission of	f false, erro	· ·	,	•	bject the person si			he penalties o	of 2 U.S.C. §437g.
Office Use					For further inform Federal Election Co Toll Free 800-424-5	ommission	t:	FEC F	ORM 1

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TYPE	OF C	COMMITTEE								
Can		e Committae:								
(a)	K.	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 Cand		$[L_iy_in_in_i]D_i W \ a \ r_i \ d_i \ l_i \ e_i , , , , , , , , , $								
Cand Party	lidate Affiliati	tion Rep Sought: Y House Senate President	State U.T							
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Name Cand			!							
Part	y Con	mmittee:								
(d)			nocratic, ublican, etc.) Party.							
Poli	tical A	Action Committee (PAC):								
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a							
		Corporation w/o Capital Stock	bor Organization							
		Membership Organization Trade Association Co	operative							
		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 Lubbyist/Registrant PAC.								
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)									
Join	t Fund	draising Representative:								
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political							
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political							
	Com	mmittees Participating in Joint Fundraiser								
	1.									
	2.	FEC ID number								
	3.	FEC ID number C								
	4	1	,							

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Write or Type Committee Nar	ne	
		-
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
11111111		
		1 1 1 1 1 1 1 1
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
<u>_</u>	<u> </u>	ZIF CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
·		
 Custodian of Records: Id books and records. 	entify by name, address (phone number optional) and position of the person	n possession of committee
Full Name Lyn	n, D.Wardle	
Mailing Address	B ₁ 3 ₁ 5 ₁ 9 ₁ C ₁ h ₁ e ₁ r ₁ o ₁ k ₁ e ₁ e ₁ Lane	
	Pirioivia IIII UIT 8	4,6,0,4-
Title or Position	CITY STATE	ZIP CODE
$[Ca_1n_1d_1d_1a_1t_1e]$	Telephone number [8,0,1]	- <u>[3, 7, 5]</u> - <u>[9, 5, 9, 1</u>
3. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and to	he name and address of
Full Name of Treasurer G o _l r	ıdıoını Çreleiri i i i i i i i i i i i i i i i i i i	
Mailing Address	$[3, 5, 6, 5, N_1, F_1, o_1, o_1, h_1, i_1, h_1, h_1, h_2, h_3, h_4, h_4, h_5, h_5, h_5, h_5, h_5, h_5, h_5, h_5$	
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Title or Position	CITY STATE	2IP CODE

ZIP CODE

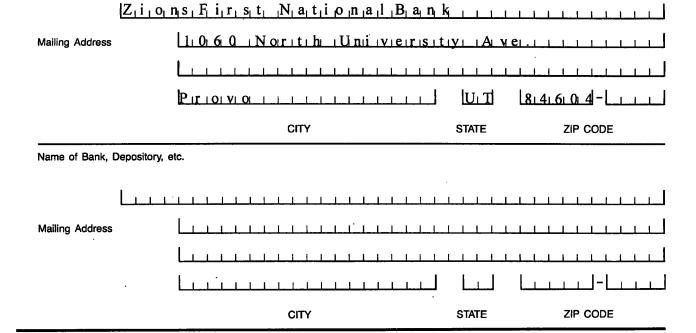
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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds.	ents
	Name of Bank, Depository, etc.	

STATE

Telephone number

CITY



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