FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1						FEC MAIL CENTER						
1. NAME OF COMMITTEE (in	ı full)		Check if name changed)		Example:	f typing, type ines.	12F	E4M5				
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ADDRESS (number a	nd street)	P. O.	BOX:	3987	716		1111	4_44			ш.	لـــ
(Check if address is changed)		MIAN	/I BEA	CH			, FL		33239	<u> </u> - [_ 	
				CIT	Υ		STATE		Zii	P CODE	E	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)												
(Check if		USC	ongres	SION	alCal	Jcuses	<u>@gma</u>	II.ÇU	m ₁₁	للله		
LJ is change	:d)	للللا		للل	<u> </u>			1_1_1			—	لـــ
COMMITTEE'S WEB PAGE ADDRESS (URL)												
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is change		سسا						1.1.1		<u> </u>	خليك	
2. DATE 11	I [™] ′ Ŝ		Ĭ1Ž Č	;								
O. I CO IDENTINA	JAHOR III	/////////	_									
4. IS THIS STATE	MENT 🔀	NEW ((N) O I	R		AMENDED (A	A)					
I certify that I have of		JER	nt and to the		•	edge and be	lief it is true,	correct	and comple	te.		
Signature of Treasure	er	Jan	y ne	Kans	ý		Date	11"	′ 08°	' Ž	<u>'0</u> '12	<u>`</u>
NOTE: Submission of	-		•			-	ning this State ED WITHIN 10		the penalties	s of 2 U	I.S.C. §4	437g.
Office Use Only					Feder Toli F	urther Informate al Election Com ree 800-424-950	nmission		FEC (Revis	FORI ed 02/20		

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		DMMITTEE	
	date	Committee:	
(a) [This committee is a principal campaign committee. (Complete the candidate information below	V.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate
Name o Candida			
Candion		Office	State
Party At	milauc	n Sought: House Senate President	District
(c) [This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party (Com	mittee:	4+4+4-1 ₄ -4 ₄ -4-1 ₄ -4-1 ₄ -1 ₄ -1 ₄ -1 ₄
(d) ((National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al Ad	etion Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected 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)	\times	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated 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 F	und	raising Representative:	
(g) [This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
(Com	nittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
:	2.	FEC ID number C	
;	3.	FEC ID number C	
,	4.		

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Write or Type Committee Nam	•		
UTAH CONGRE	SSIONAL CAUCUS		
6. Name of Any Connected	Organization, Affiliated Committee, Joint	f-undraising Representative	, or Leadership PAC Sponsor
NONE	1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1		
17977			<u> </u>
Mailing Address			
	СПУ	STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Sponsor
		_	
 Custodian of Recerds: Ide books and records. 	ntify by name, address (phone number o	optional) and position of the p	person in possession of committee
JERR	Y MCKENDY		
Full Name	P. O. BOX 398716		
Mailing Address	[F. O. BOX 3907 10		1 1 1 1 1 1 1 1 1 1
	MIAMI BEACH	IFL FL	33239
Title or Position	CITY	STATE	ZIP CODE
CFO.		Telephone number [30	05 _, _[761 _, _[5546 _,
<u> </u>			
 Treasurer: List the name ar any designated agent (e.g., 	d address (phone number optional) of the assistant treasurer).	ne treasurer of the committee	; and the name and address of
Full Name of Treasurer JERF	Y MCKENDY		
Mailing Address	P. O. BOX 398716		
			
	MIAMI BEACH	, , , , , , , , FL1	33239 -
	CITY	STATE	ZIP CODE
Title or Position	1	Telephone number 30	05, ₋ 761, ₋ 5546 ,

CITY

STATE

ZIP CODE

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Full Name of Designated

Mailing Address

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PY	11/30/2012					
PREPARER (3/2005)	DATE PREPARED					
(3/2005)						