12030950034

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 7

2012 NOV -5 AM 9: 25

FORM 1	ORGAN	ZATION	FEC	Month of the second of the sec
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, ty over the lines.		- 116.11
MASSACHU	SETTS SENATO	RIAL CAUCU	S	
L				
ADDRESS (number and st	(reet) P. O. BOX	3394		
(Check if addre is changed)	DELRAY BI	EACH	, FL	33482
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL A (Check if add is changed)	ADDRESS (Please provide only o UnitedState ress	ne e-mail address) esSenatorialCa	uçuses@y	ahoo.com
COMMITTEE'S WEB PAGE	GE ADDRESS (URL)			
(Check if address is changed)	ress			
2. DATE ÄÖ	′ 29° ′ 2012			
3. FEC IDENTIFICAT	ON NUMBER C			
4. IS THIS STATEMEN	IT NEW (N) OF	AMENDED	(A)	
I certify that I have exam	nined this Statement and to the	best of my knowledge and l	belief it is true, correc	t and complete.
Type or Print Name of Ti	reasurer RICHARD	KEVINSTON		
Signature of Treasurer	(Ruff)		Date 10)" ′ 29° ′ 2012 `
NOTE: Submission of false	•	t ion may subject the person s MATION SHOULD BE REPOR	•	o the penalties of 2 U.S.C. §437g.
Office Use Only		For further inform Federal Election C Toll Free 800-424- Local 202-694-110	ommission 9530	FEC FORM 1 (Revised 02/2009)

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5.			OMMITTEE 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. (Con information below.)	nplete the candidate
	Name Candi			<u> </u>
	Candi Party	idate Affiliatio	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			·
	Part	v Con	mittee:	
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
			Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
			In addition, this committee is a Lobbyist/Registratit PAC.	
	(f)	\boxtimes	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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	t Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least bite of which is an authorized committee of a federal candidate	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC ID number C	
		3.	FEC ID number C	
		4	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	

Name of Any Connect	ed Organization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Sponsor
NONE			<u> </u>
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Conn		loint Fundraising Represent	Leadership PAC Spon
Custodian of Records:	ected Organization Affiliated Committee		
Custodian of Records: books and records.	ected Organization Affiliated Committee		
Custodian of Records: books and records.	Affiliated Committee Identify by name, address (phone number op		
Custodian of Records: books and records.	Affiliated Committee Identify by name, address (phone number op		
Custodian of Records: books and records.	Affiliated Committee Identify by name, address (phone number op CHARD KEVINSTON P. O. BOX 8394	ional) and position of the	person in possession of commit

CITY

STATE

Telephone number

ZIP CODE

|561 | | |945 | | |2234

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Write or Type Committee Name

2030950036

Full Name of Treasurer

Mailing Address

Title or Position

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	,		
	Telephon	e number	
BB8	6473,WEST ATLANTIC AVENUE	-	133484 _
		لـتـا لـ	
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ory, etc.		
<u></u>			
Mailing Address			
	CITY	STATE	ZIP CODE

Hand Delivered Postmarked USPS First Class Mail USPS Registered/Certified Postmarked (R/ ///۵// Postmarked USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label	
USPS First Class Mail Postmarked (R/ // USPS Registered/Certified Postmarked Postmarked Postmarked	(C)
USPS Registered/Certified ///3/, Postmarked USPS Priority Mail	/C)
USPS Priority Mail]
Delivery Confirmation™ or Signature Confirmation™ Label	
USPS Express Mail Output Description: Description: Postmarked	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Shipping Date	
Next Business Day Delivery]
Date of Receipt Received from House Records & Registration Office	
Date of Receipt Received from Senate Public Records Office	
Received from Electronic Filing Office Date of Receipt	
Other (Specify): Date of Receipt or Postmarke	d
Imp	
PREPARER DATE PREPAR (3/2005)	ED