FEC	
FORM	1

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STATEMENT OF ORGANIZATION

RECEIVED

2012 MAR -9 AM 9: 29 Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	FEC MAIL CENTER.
Susan Shelley fo	or Congress			
ADDRESS (number and street)	P.O. Box 68	323		
(Check if address is changed)	Woodland H		CA 9	1365
		CITY	STATE	ZIP CODE
		ne e-mail address) nShelleyForCong	ress.com	
(Check if address is changed)				لبنين بينا
COMMITTEE'S WEB PAGE ADD	DRESS (URL)	n an an ann an ann an ann an ann an ann an a	n na an An Anna Anna Anna Anna Mar Ng Alban Sawit	Allowing of the first of the second
(Check if address is changed)	www.Susar	nShelleyForCongr	ess.com,	
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3. FEC IDENTIFICATION NU	імвек С			
4. IS THIS STATEMENT	NEW (N) OF	A AMENDED (A)		
I certify that I have examined th	is Statement and to the	best of my knowledge and belief i	it is true, correct an	nd complete.
Type or Print Name of Treasurer	Susan She	elley		<u></u>
Signature of Treasurer	Jac A	ula	DateÖ.3 [™]	<u>´ 02° ´ 20</u> 12 `,
	ous, or incomplete informa	ation may subject the person signing MATION SHOULD BE REPORTED V	this Statement to the VITHIN 10 DAYS.	e penalties of 2 U.S.C. §437g.
Office Use Only	· · · ·	For further information of Federal Election Commiss Toll Free 800-424-9530	contact:	FEC FORM 1
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FEC Form 1 (Revised 02/2009)

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5.	TYPE OF COMMITTEE			
	Candidate Committee:			
	(a)	\mathbf{X}	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 Candi		Susan Shelley]
	Candi Party	date Affiliatio	on Rep Office Sought: House Senate President State CA District 30	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			J
	Party	y Com	mittee:	
	(d)		(National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.	
Political Action Committee (PAC):				
	(e)	\square	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a	:
			Corporation Corporation w/o Capital Stock	
			Membership Organization Trade Association Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate 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.)			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fund	raising 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. 			
		Com	mittees Participating in Joint Fundraicer	
		Com	mittees Participating in Joint Fundraiser	;
		1.	FEC ID number C	
		2.	FEC ID number C	
		3.	FEC ID number	
		4.	FEC ID number	

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Write or Type Committee Name

Susan Shelley for Congress

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

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L					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: Connected	Organization	ee Joint Fundraising	Representative	eadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone numb	per optional) and position	on of the person in po	ossession of committee
	Full Name	Shelley			
	Mailing Address	P.O. Box 6823			
				<u></u>	
		Woodland Hills		CA 9136	<u>55</u>
	Title or Position	CITY		STATE	ZIP CODE
	Treasurer		Telephone num	ber	{
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).				ame and address of
	Full Name of Treasurer	h Shelley			
	Mailing Address	P.O. Box 6823			
		Woodland Hills		CA 19136 STATE	
L	Title or Position		Telephone num	ber	

Full Name of Designated Agent				
Mailing Address				
Title or Position				
		hone number		
 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. 				
	Bank			
Mailing Address	6537 Topanga Canyon Blvd.		II	
	Woodland Hills		3	
	CITY	STATE	ZIP CODE	
Name of Bank, Deposite	ory, etc.			
_I P _a	yPal			
Mailing Address	2211 North First Street			
	San Jose	[CA951;	31,	
	CITY	STATE	ZIP CODE	

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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.			
Hand Delivered	Date of Receipt		
USPS First Class Mail	Postmarked 3/3/12		
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USPS Express Mail	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Next Busine	ess 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		
Date of Other (Specify):	Receipt or Postmarked		
PREPARER	3/9/12 DATE PREPARED		
(3/2005)	UNIE FREFARED		