FEC

## STATEMENT OF ORGANIZATION

RECEIVED— 2012 NOV 13 PM 12: 23

FORM 1		ORGANIZ	ATIC	ON		FEC MAIL CENTER
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	5
WYOMING	ÇON	IGRESSIONAL	ĻÇĄ	yçyş 📈	<u> </u>	
ADDRESS (number a	and street)	P. O. BOX 39	9871	<u> </u>		
(Check if a is changed)		MIAMI BEAC	H		FL	33239
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	SS (Please provide only one UScongressi		dress) Caucuses@	gmail.ç	om
COMMITTEE'S WEE	B PAGE ADI	ORESS (URL)				
(Check if is change			111			
2. DATE 11	l <sup>®</sup> ′8	°′ 2012				
3. FEC IDENTIFIC	CATION N	JMBER C				
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)		
I certify that I have	examined th	nis Statement and to the bes	st of my	knowledge and belief it	is true, correc	ct and complete.
Type or Print Name	of Treasure	JERRY MC	KENI	ΟY	<del></del>	
Signature of Treasur	er	Jang M Kun	4		Date 1	l" ′ Ö8° ′ Ž0'1Ž `
NOTE: Submission of		ous, or incompleto into imation ANY CHANGE IN INFORMAT	-			o the penalties of 2 U.S.C. §437g.
Office Use				For further Information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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_	<del></del>	m 1 (Revised 02/2009)	Page 2		
	TYPE OF C	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 of Candidate				
	Candidate Party Affiliation	Office Sought: House Senate President	State District		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate				
	Party Con		/Damagratia		
	(d)	(National, State  This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
	Political 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/Registrant PAC.			
	(f) X	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 Fundraising Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political		
Committees Participating in Joint Fundraiser					
	1.	FEC ID number C			
	2.	FEC ID number C			
	3.	FEC ID number C			
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Write or Type Committee Na			
WYOMING CO	ONGRESSIONAL CAUCUS		
6. Name or Any Connected	d Organization, Affihated Committee; Joint Fundraising	Representative, or L	eadership PAC Sponsor
NONE			
Mailing Address			
		ا ليا ل	
	СПҮ	STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundra	ising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: I books and records.</li> </ol>	identify by name, address (phone number optional) and	position of the person	in possession of committee
Full Name JER	RY MCKENDY	<u> </u>	
Mailing Address	P. O. BOX 398716	<del>                                     </del>	
		<u> </u>	
	MIAMI BEACH	J ELJ É	33239
Title or Position	СПҮ	STATE	ZIP CODE
[CFO]	Telephone	number [305]	]-[761, ]-[5546
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer og., assistant treasurer).	of the committee; and	the name and address of
Full Name JER of Treasurer	RRY MCKENDY	<del>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </del>	<u></u>
Mailing Address	P. O. BOX 398716		
		<del></del>	
	MIAMI BEACH	∟ لسلسا ل	33239
Title or Position	CITY	STATE	ZIP CODE ] - [761] - [5546]
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Full Name of Designated Agent		_1_1_1_1	
Mailing Address			
	СПУ	STATE	ZIP CODE
Title or Position	<u>.</u>		
	Telephone nur	nber	
safety deposit boxes or		ee deposits	funds, holds accounts, rents
safety deposit boxes or	r maintains funds.	ee deposits	funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposi	r maintains funds. itory, etc.	ee deposits	funds, holds accounts, rents
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Federal Election Commissi ENVELOPE REPLACEMENT PAGE FOR INCOMPLET THE TOTAL THE FEC added this page to the end of this filing to in	OMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signature	Confirmation <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next E	Business Day Delivery
Received from House Records & Registration Office	Date of Receipt e
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	te of Receipt or Postmarked
PY	11/30/2012
PREPARER (3/2005)	DATE PREPARED
(3/2000)	