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FEC FORM 1

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STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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	IAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
ئىا	Joehner for Speaker C	ommittee				ل
لللا	<u> </u>			المليا الماليا		
ADDR	RESS (number and street)	7908 Cincinnati Day	on Road	11111		L
_	(Check if address	Suite!			<u> </u>	ل
	is changed)	West Chester		LPH L	45069	ل
			CITY	STATE	ZIP CODE	
COM	NITTEE'S E-MAIL ADDRES	SS (Please provide only one e	-mail address)			
	(Check if address	dotterm@yahoo.con	n 		<u> </u>	ل
	is changed)					4
COM	MITTEE'S WEB PAGE ADD	RESS (URL)				
	(Check if address	ı na				
	is changed)					_
						لـ
3. F	DATE 03 1 EC IDENTIFICATION NUM STHIS STATEMENT X	1 2010 Y ABER NEW (N) OR	C			
I certify	that I have examined this Sta		owledge and belief it is true, correct	and complete		: : :
Туре	 or Print Name of Treasurer 	Many Clo	incy			
Signal	ture of Treasurer Electro	nicelly Filed by	ne	Date 03	1°1'281	Ď
NOTE:			y subject the person signing this Sta TION SHOULD BE REPORTED	•	of 2 U.S.C. §437g.	
<u></u>	Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

FEC	Form 1 (Revised 02/2009)		,	Page 2
TYPE OF C	OMMITTEE (Check One)		——————————————————————————————————————	
Candidate	Committee:			
(a)	This committee is a principal camp	paign committee. (Complete the candidate in	formation below.)	
(b)	This committee is an authorized coinformation below.)	ommittee, and is NOT a principal campaign o	committee. (Complete	the candidate
Name of Candidate		1		
	0#			01-1-
Candidate Party Affilia	Office tion Sought:	House Senate	President	State
		•		District :
(c)	This committee supports/opposes of	only one candidate, and is NOT an authorize	d committee.	
Name of				
Candidate		 	<u> </u>	
Party Com	nittee:			
		(National, State		(Democratic,
(d)	This committee is a	(or subordinate) committee of the		Republican,etc.) Party
Political Ac	tion Committee (PAC):			
(e)	This committee is a separate segre	gated fund. (Identify connected organization	on line 6.) Its connec	ted organization is a:
	Corporation	Corporation w/o Capital Stock	Lab	or Organization
	Membership Organization	Trade Association	Cod	operative
	In addition, this committe	ee is a Lobbyist/Registrant PAC.		
(f)	This committee supports/opposes n committee. (i.e., nonconnected com	nore than one Federal candidate, and is NO mittee)	T a separate segrega	ted fund or party
	In addition, this committee is a	Lobbyist/Registrant PAC.		
	In addition, this committee is a	a Leadership PAC. (Identify sponsor on line 6	6.)	
loint Funds	aising Representative:			
(g) X	This committee collects contributions	s, pays fundraising expenses and disburses ne of which is an authorized committee of a		or more political
(h)	This committee collects contribution committees/organizations, none of w	s, pays fundraising expenses and disburses which is an authorized committee of a federa	net proceeds for two il candidate.	or more political
Con	nmittees Participating in Joint Fundrais FRIENDS OF JOHN BO		_{er} C C002371	
		N CONGRESSIONAL COMMITTEE FEC ID number	er C C000758	320
	3. FREEDOM PROJECT; T	HE FEC ID number	_{er} C C003058	05
	1	FFC IDh	C	•

Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor NONE Mailing Address	FEC Form 1 (Revised 0	2/2009)		Page 3	
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE CITYA STATE A ZIP CODE A Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address, (phone number — optional), and position of the person in possession of Committee books and records. Full Name Mary Clancy MicLean VA Z2101 — Tale or Position V CITY A STATE A ZIP CODE A 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). Full Name Mary Clancy MicLean VA Z2101 — Tale or Position V CITY A STATE A ZIP CODE A 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). Full Name Mary Clancy MicLean VA Z2101 — Tale or Position V CITY A STATE A ZIP CODE A Treasurer: STATE A ZIP CODE A Treasurer Mary Clancy MicLean VA Z2101 — Title or Position V CITY A STATE A ZIP CODE A Treasurer STATE A	Vrite or Type Committee Name				
Mailing Address CITY A STATE A ZIP CODE A Relationship: Connected Organization Affiliated Committee Joint Fundralating Representative Leadership PAC Spon Custodian of Records: Identify by name, address, (phone number — optional), and position of the person in possession of Committee books and records. Full Name Mary Clancy Milling Address 1701 Esquire Lane Milling Address 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). Full Name Mary Clancy Mary Clancy 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). Full Name of Treasurer Mary Clancy Mary Clancy Milling Address 1701 Esquire Lane Milling Address 1701 Esquire Lane Milling Address 1703 989 616	Boenner for Speaker Co	ommitwe			
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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). Full Name of Treasurer Mary Clancy Mailing Address 1701 Esquire Lane McLean VA 22101 — Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲	Title or Position ♥	CITY A	STATE	ZIP CODE A	
Full Name of Treasurer Mary Clancy Mailing Address McLean	Treasurer	Telephone	number 703	- 989 - 6167	
McLean VA 22101 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Treasurer 703 989 616	name and address of any	designated agent (e.g., assistant treasurer).	rer of the committe	ee; and the	
Title or Position ♥ CITY ▲ STATE ▲ ZIP CODE ▲ Treasurer 703 989 616	 Mailing Address	1701 Esquire Lane	 		
Title or Position ♥ CITY ▲ STATE ▲ ZIP CODE ▲ Treasurer 703 989 616			······································	,	
Tressurer 703 989 616		McLean		22101 -	
Treasurer 702 000 646:	 Title or Position ♥	CITY ▲	STATE A	ZIP CODE A	
Telephone number 703 969 - 616	Treasure		. 703	989 6167	

 	(Revised 02/20							
Full Name of Designated Agent			- <u></u>	· · · · · · · · · · · · · · · · · · ·		* ****		
Mailing Address	·			····				 ,
Fitle or Position ♥	Administra		CITY A		TATE A		ZIP CODE	A
			т.	elephone numb	er <u></u>	-		
	Inks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents fety deposit boxes or maintains funds. Imperimental imperiments and the committee deposits funds, holds accounts, rents fety deposit boxes or maintains funds.							
safety deposit box	es or maintains epository, etc.	funds.		the committee o	leposits fund	JS, NOKIS (accounts, re	nts .
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Federal Election Com ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filin	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Sign	nature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date 3/II/Io Next Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Be	3/12/10
(3/2005)	DATE PREPARED