FEC FORM 1

2016 · 05 · 28 · 08 · 00075080

STATEMENT OF **ORGANIZATION**

RECEIVED FEE MAIL CENTER

2016 MAY 23 AM 9: 20

					Office Use Only		
NAME OF COMMITTEE (in fu		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
TRUMANIN	AJUON	11 L SECU	RITY PROJE	CT PAC			
ADDRESS (number and	street) 12	11250 I STAELT NW SUITE 500					
(Check if add is changed)	Iress	<u> </u>					
Ç ,	U _A	CITY A		DC 2	ZIP CODE A		
COMMITTEE'S E-MAIL	ADDRESS						
(Check if addisonable is changed)	iress IT N	15PPACB6	-M476, COM	1 1 1 1 1 1	1		
is changed)		nal Second E-Mail Ac					
	لبا						
COMMITTEE'S WEB PA	AGE ADDRESS	(URL)		•			
(Check if add is changed)	dress	·	<u> </u>				
	. ——						
2. DATE 0,5	' E '	2.01.6	•				
3. FEC IDENTIFICAT	TION NUMBER	► C0	0614164				
4. IS THIS STATEME	NT. N	EW (N) OR	AMENDED (A)				
I certify that I have exa	mined this State	ement and to the bes	st of my knowledge and belief	it is true, correct an	d complete.		
Type or Print Name of	Treasurer	Frank A	Spray		· .		
Signature of Treasurer		ed (Juny	Date 0.5			
NOTE: Submission of fals			n may subject the person signing	-	penalties of 52 U.S.C. §30109		
Office Use			For further information Federal Election Commis Toll Fron 200 424 9530		FEC FORM 1 (Revised 06/2012)		

Local 202-694-1100

	FE	C For i	m 1 (Revised 02/2009)	Page 2			
			DMMITTEE				
(Candidate Committee:						
(a)	Ц	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. (Compleinformation below.)	te the candidate			
	Name o Candida	-					
	Candida Party A		n Office Sought: House Senate President	State			
•	c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name o Candida						
ı	Party	Com	mittee:				
(d)		, , , , , , , , , , , , , , , , , , , ,	emocratic, publican, etc.) Party.			
F	Politic	cal Ac	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a			
			Corporation Corporation w/o Capital Stock	abor Organization			
			Membership Organization Trade Association	Cooperative			
			In addition, this committee is a Lobbyist/Registrant PAC.				
((f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)				
J	oint l	Fund	raising Representative:				
(9	g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political			
(†	٦)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
		Comr	nittees Participating in Joint Fundraiser				
		1.	FEC ID number	·			
		2.	FEC ID number	~ ~ ~ ~ ~			
		3.	FEC ID number	~ · · · · · · · · ·			
		4.					

FEC Form 1 (Hevise	a 02/2009)		Page 3
Write or Type Committee Na	me		
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Re	presentative,	or Leadership PAC Sponsor
TIRIUMAW INAT	THO WALL ISEKIURITY PROJE	1017 1 1	
Mailing Address	11215101 II ISTIRIEETT INW ISW	1174	500111111
•	WASHIMETOM	00	20905-
	CITY	STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraisin	ng Representat	tive Leadership PAC Sponsor
 Custodian of Records: I books and records. 	dentify by name, address (phone number optional) and pos	sition of the pe	erson in possession of committee
Full Name TAI	ASUKER!		
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
سيسي	Telephone nu	umber	
8. Treasurer : List the name any designated agent (e.	and address (phone number optional) of the treasurer of the assistant treasurer).	ne committee;	and the name and address of
Full Name of Treasurer	NR A SPRILING		
Mailing Address	16.2.5.0 I STREET NW SU	TILL	500
	WAS HILMIGITION CITY	DL STATE	2,0,00,5
Title or Position	Telephone nu	ımber 21	0,2-12,1,6-197,23
I .	•		

9.

FEC Form 1 (Revised	d 02/2009)	Page 4				
1						
Full Name of Designated Agent	!KW, LAVIIGNE,					
Mailing Address	11250 FISTRESTINU SUITICISODI	لتستي				
	<u> </u>					
	CITY STATE ZIP C	CODE				
Title or Position	1 9-21-12-1	1 1027 71				
	Telephone number RPZI-[Z]/	·]-[<u>[</u>]-[-2]				
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.						
Mailing Address	2,75, S.E.V.E.MT. # AVE.					
	WEW YORK WY 1,0,0,0	4-1-1-1				
	CITY STATE ZIP	CODE				
Name of Bank, Depository,	etc.					
L	· · ·					
Mailing Address		لبيبي				
	CITY STATE ZIP	CODE				

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Jonnissior 999 ESt. NW Washington, DC. 20463 Federal Exchange (

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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. Date of Receipt Hand Delivered Date of Receipt Postmarked USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify):

(3/2015)