FEC FORM 1

STATEMENT OF ORGANIZATION

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2015 ARR - 6 OM 8: 1

			ZUIJ AOffice Use ORIM 8:		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
Maxime E Har	<u>, woou </u>				
Committee ?	tion Ellectin				
ADDRESS (number and street)	PO BOX 191	603			
☐					
\$ } }	Enditianaipioi	1,1,5,,,,,,	STATE A ZIP CODE A		
COMMITTEE'S E-MAIL ADDRE	ss				
(Check if address is changed)	MA BOM ST	a, f, f, @we, h, a, r, m,	0101.1COm		
)	Optional Second E-Mail Add	dress			
· •					
)					
COMMITTEE'S WEB PAGE ADI	DRESS (URL)				
☐	www.wehar	mano Gami			
2. DATE 0 4	7 2015	·	, and the second		
3. FEC IDENTIFICATION N	UMBER ▶ [C]	0,4,9,6,6,9,5			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.		
Type or Print Name of Treasure	" Jacquilyn J	Bapp	·		
Signature of Treasurer)acoph) R		Date 04 (01) (2015)		
NOTE: Submission of false, erron	<u>-</u>	may subject the person signing to	this Statement to the penalties of 52 U.S.C. §30109		
Office Use	Statistical with Statistical statistics	For further information c Federal Election Commissi Toll Free 800-424-9530	ontact: FFC FORM 1		
Only .		Local 202-694-1100			

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F	FEC Fo	orm 1 (Revised 02/2009) Page 1 (Revised 02/2009)	ge 2
5. TYPE	OF C	COMMITTEE	
Can	didate	e Committee:	
(a)	\times	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 cinformation below.)	candidate
Name Cand		Wayine E Harmoin	
Cand Party	lidate Affiliatio	tion REP Office Sought: House Senate President Distric	エル 10.7
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	•
Name Cand	e of lidate		
Part	ty Con	mmittee:	
(d)		This committee is a (National, State (Democrat or subordinate) committee of the Republican	ic, n, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ganization is a
	٠.	Corporation Corporation w/o Capital Stock Labor O	rganization
		Membership Organization Trade Association Coopera	ıtive
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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.)	
Join	t Fund	draising Representative:	•
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
	Com	mmittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		7 7 6
	4.		7

Write or Type Committee Name Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address STATE ZIP CODE CITY 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 Mailing Address Title or Position CITY ZIP CODE STATE Telephone number 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 Jacquillym J of Treasurer 191910161 Sitiarcidiusiti i Dirii irie Mailing Address Haidi Lama Dioi NI CITY STATE ZIP CODE Title or Position 3171-9,66-7,332 Tirelasivicier Telephone number

FEC Form 1	T (TICVISCO O ETEODS)		
Full Name of Designated Agent	Matthew B. Bowley.		
Mailing Address	LOHIL ITSILAND WOODS	L DITITIVE	
	Inditionapolius	TIN STATE	46220-112
Title or Position	QISNITIEITI IIII Telepho	one number 3	1.71-14.1.41-150.0.31
	Depositories: List all banks or other depositories in which the	committee deposits	funds, holds accounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.		
Name of Bank, De		<u>. </u>	
Name of Bank, De	epository, etc.		
Name of Bank, De	BIMIO HAITITIS BIQINIK		
Name of Bank, De	BIMIO HAUTITIUS BIQINIKI IIII		
Name of Bank, De	BIMIO HOLTITIS BIQINIK	· 1	
Name of Bank, De	BIMIO IHOUTITIS BIQINIK IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		4.6.2.4.0]-
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Mailing Address Name of Bank, De	BIMIO IHAUTITIS BIAINIK LILIE	STATE	4.6.2.4.0]-
Mailing Address Name of Bank, De	BIMIO IHAUTITIS BIAINIK LILIE	STATE	4.6.2.4.0]-

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