## **FEC** FORM 1

14031251126

## STATEMENT OF **ORGANIZATION**

RECEIVED

					mice Use Only
NAME OF     COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	TAIL CENTER
Krusten sp	<b>e</b> , <b>e</b> , 5	Commit	1,66,1,1,1		
ADDRESS (number and street)	(B,0	& North	اسماهاط الكاراها فأ	(Physil	401)
(Check if address is changed)	60	18101X1 1314	164 mail	ING) III	
	In	CITYA	<u>                                      </u>	NIN (8)	4,4,5,0 - L L L L L L L L L L L L L L L L L L
COMMITTEE'S E-MAIL ADDRE	SS				
(Check if address is changed)	<u>الا ب</u> ر	1,5,7,6,0,5,0	e, e, 5,0,9,00, 1,1,	, c, o, m	
	Option	al Second E-Mail Add	dress		
		<u>,                                      </u>	<u> </u>		
COMMITTEE'S WEB PAGE AD	DRESS	(URL)			
(Check if address is changed)	Kir	1, sitiensip	1 C   e   S   .   C   D   W		
	L				
M V V V	ر الا				
2. DATE 06 1	<u> </u>	ZO IN			
3. FEC IDENTIFICATION N	UMBER	► C			
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)		
I certify that I have examined to	nis State	ment and to the best	of my knowledge and belief	it is true, correct and	d complete.
Type or Print Name of Treasure	er	Kristan s	spees		
Signature of Treasurer	pre	Sour	· · · · · · · · · · · · · · · · · · ·	Date 0.6	1 1 2 2 14
NOTE: Submission of false, erron	-		may subject the person signing	-	penalties of 2 U.S.C. §437g.
Office Use			For further information Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

_			
5.			DMMITTEE
	Cano	######	Committee:
	(a)	区	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		[K, r, v, s, t, e, n, s, p, ees,
	Candid Party	date Affiliatio	Office State Senate President District 2
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	/ Com	mittee:
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
	Politi	ical Ad	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		MARKA ZA	Corporation Corporation w/o Capital Stock Labor 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 segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			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.
		Comr	mittaes Participating in Joint Fundraiser
		1.	FEC ID number C
		2.	
		3.	FEC ID number
		4.	

FEC Form	1 (Revised (	02/2009)																				F	ag	e 3		
Write or Type Con	nmittee Name	9			_															•						
6. Name of Any	Connected (	— Organizati	on, A	ffiliat	ed C	om	mitt	ee, J	loint	Fur	ndra	isin	g Ro	epre	ser	tati	ve,	or I	_eac	ders	ship	PA	C s	Spo	nso	r
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						CIT	Y								ST	ATE					ZI	РС	OD	E		
7. Custodian of F		ntify by na	ıme, a	addres	ss (p	hone	e nu	mbe	r	optic	onal)	and	d po	esitic	n o	f the		ersc	n in	po	sse	ssic	on c	of co	omm	
Full Name	Kru	sitier	کر ہے	نهرة	<u>ر</u> ر	2 <sub>1</sub> 5			لــــــــــــــــــــــــــــــــــــــ		I.	لــــــــــــــــــــــــــــــــــــــ			L	l	لــــــا				ı	ı	1			
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Title or Position	l				1	CITY	Y								STA	TE					ZI	P C	OD	E		
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8. Treasurer: List any designated			(pho	ne nu	ımbe	r	optio	onal)	of t	he t	reas	urer	of	the	con	mit	ee.	an	4 +1-	a n:	ame	e an	d a	ıddr	ess	of
	agent (e.g.,	assistant 1	treasu														,	CU II	. UK	5 116	<b>2011C</b>					

Full Name of Treasurer	1k, r, 1, 5, trein, Spie, es		
Mailing Address	P. O. BOX 3,464		
		11111	
	Jn 41, 1, n, 6, 10, 29, 11, 11	NU	894581-
	CITY	STATE	ZIP CODE
Title or Position			

tras, vret

Telephone number

7,751-15,271-18,6,321

14031251129

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent	1,th, spies,		لبنسسينا
Mailing Address	19,0,18,0,0,13,4,6,4,1		لببببب
	EITY	STATE	ZIP CODE
Title or Position			
MISISITISITIAINIT	1 Itirieiaisiurieni	Telephone number 111	5-1837-17906
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,		which the committee deposits fur	nds, holds accounts, rents
W. e. l	113, FATIST		
Mailing Address	7,7,6, ITIAHOR 18,11V		
	Enchine Unillia	الإلاا الالال	189,4511-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
L			
Mailing Address			
		<u> </u>	

CITY

STATE

ZIP CODE

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Federal Election commission 999 E. St., NW Washington DC, 20463

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate how		
Hand Delivered	Date of	Receipt
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Received from Senate Public Records Office	Date of	Receipt
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Other (Specify):	eipt or Po	stmarked
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(8/2013)	DATE	PREPARED