FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	0	(See instructions	_	N										
1. NAME OF COMMITTEE (in		(Check if name is changed)	Exar	nple: If typyi the lines	ng, type	1	2FE4	1M5	Offic	e use onl	<u>у</u> 			_
ı Because All R	esponsible Taxpa	vers Like Every	Truth ⁻	Told PAC										. 1
	1	<u> </u>		<u> </u>				Ш	!					
		Box 246								Щ	<u> </u>		ш	
ADDRESS (number and	street)									Щ		Ш	ш	Ц
(Check if addr is changed)		etown				 	ΜD	—]		2176	9		<u>ш</u>	
			CITY▲			ST	ATE.	_		ZIF	COD	E 📥		
COMMITTEE'S E-MA														
abc1802@aol.				ш						ш		Щ	ш	\sqcup
				шш				ш		Щ		Щ	Ш	Ц
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)												
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								ш		ш			ш	Ш
COMMITTEE'S FAX N 4108755322	NUMBER	J												
2. DATE 0.4		2008												
3. FEC IDENTIFICA	ATION NUMBER	C	C00	411850										
4. IS THIS STATEM	MENT NEW	(N) OR	X	AMEN	DED (A)									
I certify that I have exami	ined this Statement and	to the best of my know	/ledge an	d belief it is t	rue, correct	and co	mplete	1						_
Type or Print Name of	Treasurer A	shley Lynn Colli	er											
Signature of Treasurer	. Electronically Filed	by Ashley Lyn	ın Colli	er		Dat	e	0 6		D 0 2	/ [2	0 0	8
NOTE: Submission of fa		plete information may								2 U.S.0	C. S43	7g.		
Office Use Only				For further Federal Elec Toll Free 80	ction Comm 0-424-9530	nission	act:		F	FEC (Revise			1	_

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5.	TYPE OF COM	//MITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) X	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e)	This committee is a separate segregated fund	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	ed fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
	Mailing Addres	ss Lilianianianianianianianianianianianianiani	
		CITY▲ STATE ▲	ZIP CODE
	Relationship		
	Type of Conne	cted Organization:	
	Corpo	ration Corporation w/o Capital Stock Labor Organ	nization
	Memb	pership Organization Trade Association Cooperative	

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Write or Type Committee Name

Because All Responsible	e Taxpayers Like Every Truth Told I	PAC	
 Custodian of Records: Ider possession of Committee b 	ntify by name, address, (phone number books and records.	er optional), and position of th	ne person in
Full Name			
			_
Title or Position ▼	CITY &	STATE	ZIP CODE A
		Telephone number	
8. Treasurer: List the name a name and address of any o	nd address (phone number optiona designated agent (e.g., assistant treas	al) of the treasurer of the commisurer).	ittee; and the
Full Name of Treasurer Ashley I	∟ynn Collier		
Mailing Address	Po Box 111		
	New Windsor	<u>MD</u>	21776
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treasurer		Telephone number 443	912 2419
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
		Telephone number	

9.

FEC Form	1 (Revised 02	2/2003)																							Pa	ge	4	
Banks or Other I safety deposit box Name of Bank, Do	kes or maintai	ns funds.	all ba	nks	or o	ther	dep	osito	ories	in v	vhich	the	00	nmi	ttee	dep	oos	its f	und	s, h	olds	ac	cou	nts,	, rei	nts		_
Name of Bank, Di	epository, etc.																											
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Mailing Address							Ш								L													
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						(CITY	′Δ								S	STA	TE.	Δ				ΖI	РC	OD	E	Δ	
Name of Bank, De	epository, etc.					(CITY	Ι Δ								S	STA	TE.	4				ZI	PC	OD	E	Δ	_
Name of Bank, Do	epository, etc.						CITY								1	S	STA	TE.	4				ZI	P C	OD)E	_	_
Name of Bank, Do	epository, etc.						CITY	/ <u>A</u>									STA	TE.					ZI	P C	OD)E		_
	epository, etc.						CITY									S	STA	TE.					ZII	P C	OD)E		
	epository, etc.						CITY									S	STA	TE.					ZII	P C		DE		