## 201784130200089132

## STATEMENT OF

SECRETARY OF THE SENATE

FORM 1		ORGANIZ <i>i</i>	ATION	17 APR 13 AM 9: 48 Office Use Only
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FË4M5
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COMMITTEE'S E-MA	IL ADDRESS			
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COMMITTEE'S WEB  (Check if a is changed		e hilitiar	Senatericom	,
2. DATE	1 5	10.1.7		
3. FEC IDENTIFIC	ATION NUMBER	► C		
4. IS THIS STATEM	ENT NE	W (N) OR	AMENDED (A)	
I certify that I have e	xamined this Stater	nent and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of	f Treasurer	y Val	anzola	
Signature of Treasure	4	k	· · · · · · · · · · · · · · · · · · ·	Date 04 05 2017
NOTE: Submission of f			may subject the person signing to	his Statement to the penalties of 52 U.S.C. §3010§
Office Use Only			For further information or Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FCL FLIBIU I

This committee is a principal campaign committee. (Complete the candidate information below.)

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

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information below.)

lGie & Fifi

TYPE OF COMMITTEE Candidate Committee:

(b)

Name of

Candidate

Candidate

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### Page 3  Write or Type Committee Name  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor.  #### CITY STATE ZIP CODE  #### Relationship: Connected Organization   Affiliated Committee   Joint Fundralsing Representative   Leadership PAC Sponsor.  ###################################	F50 5: 4.45			
Mailing Address    City   State   Zip Code		<del></del>		Page 3
Mailing Address    Mailing Address				
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp.  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records.  Full Name Low Now and Elow Now an	6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fun	draising Representative, or Lea	dership PAC Sponsor
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp.  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records.  Full Name LOU NOUGAINZOLO  MAIling Address LOU NOUGAINZOLO  Title or Position CITY STATE ZIP CODE  Trelephone number LOVI STATE ZIP CODE  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address LOU LOU NOUGAINZOLG:  MAIL STATE ZIP CODE				
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Title or Position  CITY  STATE  ZIP CODE  Telephone number  Teleph	Full Name	4. Valapiziolici	1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
Title or Position  CITY  STATE  ZIP CODE  Telephone number  La V7 - [7.80 - 8.8]  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  LO La Valan 70 (G  ROCK (G. Nd)  CITY  STATE  ZIP CODE	Mailing Address	140, Payson, Aul	<u> </u>	
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of Treasurer  LOW VICION TOIGN  Mailing Address  LOW PAYSON AYR  ROCK CANCELLO MA CITY STATE ZIP CODE	. Treasurer: List the name any designated agent (e	and address (phone number optional) of the tre g., assistant treasurer).	easurer of the committee; and the	e name and address of
CITY STATE ZIP CODE	Full Name of Treasurer	w Valanzola		<u> </u>
CITY STATE ZIP CODE	Mailing Address	40 Payson Ave		
CITY STATE ZIP CODE				
Treasurer 1780-885				_

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**PREPARER** 

DANA K MACTALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232

## United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

WASHINGTION, DC 20510-7116 PHONE(202) 224-0322

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