

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2012 SEP 28 AM 9:42

Office Use Only

REC MAIL CENTER

1 NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12PE4M5

THE NATIONAL 9/12 PROJECT

ATTN: DEBORAH BEHREND

ADDRESS (number and street)

16900 HOSKINSON RD

(Check if address  
is changed)

POOLESVILLE

CITY ▲

MD

STATE ▲

2108371

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

dr.behrend@aol.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

09 21 2012

3. FEC IDENTIFICATION NUMBER ▶

00461517

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

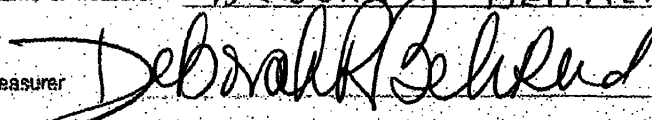
REACTIVATION

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DEBORAH BEHREND

Signature of Treasurer



Date

09 21 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

12030891154

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  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 of Candidate \_\_\_\_\_

Candidate Party Affiliation: \_\_\_\_\_ Office Sought:  House  Senate  President State: \_\_\_\_\_ District: \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

12030891155

Write or Type Committee Name

THE NATIONAL 912 PROJECT

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

MONIE

Mailing Address

[Empty address lines]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

DEBORAH BEHREND

Mailing Address

16910 HILSKINSON RD

P.O. LEESVILLE

MD

20837

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 301-349-2504

8. 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 of Treasurer

DEBORAH BEHREND

Mailing Address

16910 HILSKINSON RD

P.O. LEESVILLE

MD

20837

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 301-349-2504

12030891156

Full Name of Designated Agent

STEPHAN I SCRUGGS

Mailing Address

5784 WINDEMERE TERRACE

MILITON

CITY

FL

STATE

32670

ZIP CODE

Title or Position

EXECUTIVE DIRECTOR

Telephone number

850-994-6568

9. 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.

Bank of America

Mailing Address

1048 Quince Orchard Road

Gaithersburg

CITY

MD

STATE

20878

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030891157

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.

Hand Delivered

Date of Receipt

9/28/12

USPS First Class Mail

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USPS Registered/Certified

Postmarked (R/C)

USPS Priority Mail

Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

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

Other (Specify):

Date of Receipt or Postmarked

*PW*  
PREPARER

9/28/12  
DATE PREPARED

12030891158