## 13031070195

FEC FORM 1

Office

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## STATEMENT OF ORGANIZATION

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2010 MAY 13 AM 10: 27

**FEC FORM 1** 

(Revised 06/2012)

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	
Luxidicipi em deniT	I Vertierrams	Roller Ti Ga	1951818	
<u> </u>				
ADDRESS (number and street)	7114 BIFIDIAIDA	NAIXI I I I I I I I I I I I I I I I I I I	1 1 1 1	
(Check if address is changed)				
<b></b>	CITYA	FIDERINI	M <sub>O</sub> STATE ▲	ZIP CODE A
COMMITTEE'S E-MAIL ADDRES	S			
(Check if address is changed)	9101 ci dicio 1813 61	YIAIDIO O I CIOIM	1 1 1 1 1	
	Optional Second E-Mail Add			
			1111	
COMMITTEE'S WEB PAGE ADD	RESS (URL)			
(Check if address is changed)				
2. DATE 0 4 2				
3. FEC IDENTIFICATION NU	MBER ▶ C	and the second s		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined thi	s Statement and to the best	of my knowledge and belief	it is true, corre	ct and complete.
Type or Print Name of Treasurer	Parrela	Blackbur	w _	
Signature of Treasurer	mel Bla	Blackbur elbaru	Date O	5 01 2013
NOTE: Submission of false, errone	ous, or incomplete information r ANY CHANGE IN INFORMATIO			_

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

5.

		MMITTEE Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	i.	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name Cand		WeTeraws Robert Wigeorge						
Cand Party	idate Affiliati	Office State Sought: House Senate President District						
(c)	:	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Cand								
Part	у Соп	nittee:						
(d)	3	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party						
Poli	ical A	ion Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is						
		Corporation Wo Capital Stock Labor Organization						
		Membership Organization Trade Association Cooperative						
		In addition, this committee is a Lobbyist/Registrant PAC.						
<b>(f)</b>	- 14-14 - 15-14-14-14-14-14-14-14-14-14-14-14-14-14-	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.)						
Join	t Func	aising 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.						
	Com	ittees Participating in Joint Fundraiser						
	1.							
	2.							
	3.							
	4.							

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Write or Type Committee N	iame	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundralsing Representative, or	Leadership PAC Sponsor
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: ( Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	on in possession of committee
Full Name	wella Blackbund	
Mailing Address	7,1,4,18,70,Adivay	
	CAPIEI GITHINGIARIUI MO	6.3.7.911-
Title or Position	CITY STATE	ZIP CODE
MAMAGITION	Telephone number	3-13 <sub>1</sub> 51-12 <sub>1</sub> 2 <sub>1</sub> 0 <sub>1</sub> 0
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; an .g., assistant treasurer).	d the name and address of
Full Name of Treasurer	Maria Bilinaki Maria	
Mailing Address	7/14 BITOIAIDIWAY	
	· · · · · · · · · · · · · · · · · · ·	613171011-
Title or Position	CITY STATE	ZIP CODE
Cinciaisane	Telephone number	3-335-2200

	vised 02/2009)		Page 4
Full Name of Designated Agent		<del></del>	
Mailing Address		<u> </u>	
	CITY	STATE	ZIP CODE
Title or Position	Telephone nu	ımber	<u> </u>
<ul> <li>Banks or Other Depos safety deposit boxes or Name of Bank, Deposit</li> </ul>		ittee deposits fui	nds, holds accounts, rents
Ŀ	<u> </u>	<u> </u>	
Mailing Address			
Mailing Address		<del>                                      </del>	
Mailing Address			
Mailing Address	CITY		ZIP CODE
Mailing Address  Name of Bank, Deposite	СПУ		ZIP CODE
	СПУ		ZIP CODE
	CITY  Dry, etc.		ZIP CODE
Name of Bank, Deposite	CITY  Ory, etc.		ZIP CODE
Name of Bank, Deposite	CITY  Ory, etc.		

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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):	ceipt or Postmarked			
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