FEC FORM 1

STATEMENT OF ORGANIZATION

	r-	\sim	_	11.7	7.	-	•
ı۲	۲	١.	-	١V	-	•	

				Office Use Only
1. NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	2013-18476-AM-9-07 FEC MAIL CENTER
18-11/16-00-G DE	MIOIC	RATS PA	<u>C</u>	
ADDRESS (number and street)	24	12, ELM, 5,	$T_iR_iE_iE_iT_{i-1-1-1}$	
(Check if address is changed)	L			
স স ব	<u>N.E</u>	CITYA		C_T 0.6.5.1.11 - L
COMMITTEE'S E-MAIL ADDRE	SS			
COMMITTEE'S E-MAIL ADDRE (Check if address is changed)	18,11	161600606	M. O. C.R. A. T. S.P. A.C	C. G. M. A. I. C C. O. M.
र्षे प ्	Option	nal Second E-Mail Add	ress	
	L.L.	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	
] - -				
COMMITTEE'S WEB PAGE AD	DRESS	(URL)		·
(Check if address is changed)	Y,A	LEOEMOCI	RIAITISI.ICIOIMI	
	L	<u> </u>		
2. DATE 0.1 1	7	2012		
3. FEC IDENTIFICATION N	UMBER	► C0	0,4,1,9,7,5,4	
4. IS THIS STATEMENT	, N	EW (N) OR	AMENDED (A)	
I certify that I have examined t	his State	ment and to the best	of my knowledge and belief i	is true, correct and complete.
Type or Print Name of Treasure	er <u>E</u>	ric W. S	tern	
Signature of Treasurer	2	· -w- \$		Date 0,1 1,7 2 0.12
NOTE: Submission of false, erron		•	nay subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g.
Office Use			For further information of Federal Election Commiss Toll Free 800-424-9530	

00	200	2
-8	ıae	_

		OMMITTEE • Committee:		
(a) [].	This committee is a principal campaign committee. (Complete the can	didate information b	elow.)
(b		This committee is an authorized committee, and is NOT a principal cainformation below.)	ampaign committee.	(Complete the candidate
	ame of andidate		<u> </u>	PERMINE
	andidate arty Affiliatio	on Office Sought: House Senat	te Preside	State .
(c)) [].	This committee supports/opposes only one candidate, and is NOT an	authorized committee	90 .
	ame of andidate			
P	arty Con			
(d)		This committee is a (National, State or subordinate) committee of	the	(Democratic, Republican, etc.) Party.
P	olitical A	ction Committee (PAC):	a second	
(e		This committee is a separate segregated fund. (Identify connected orga	anization on line 6.) I	ts connected organization is a
		Corporation Corporation w/o Ca	apital Stock	Labor Organization
		Membership Organization Trade Association		Cooperative
	,	Ih addition, this committee is a Lobbyist/Registrant PAC.		
(f)		This committee supports/opposes more than one Federal candidate, a committee. (i.e., nonconnected committee)	and is NOT a separ	ate segregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponso	or on line 6.)	·
	aint Eund	iraising Representative:		•
(g)	8.3 mms	This committee collects contributions, pays fundraising expenses and dis	burses net proceeds	for two or more political
(3/		committees/organizations, at least one of which is an authorized committ		
(h)		This committee collects contributions, pays fundraising expenses and dis committees/organizations, none of which is an authorized committee of a		for two or more political
	Com	mittees Participating in Joint Fundraiser		
	1.		C ID number C	ر دون گیر مصر بستان ستان ستان بستان ب ا
	2.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C ID number	
	`		CO 10	sa disabili sebilah Basahara di 1982 di 1982. Baganagan anjara pangara sa
	3.		C ID number C	
	4.		C ID number C	

Write or Type Committee Name

write or type Committee Name	,	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
INIOINIEI		
		.
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the perso	on in possession of committee
Full Name ERI	C, S,T,E,R,N,	
Mailing Address	180, BOX, 204201	
	INEW HAVEN	10,6,5,201-14,2,0,1
Title or Position	CITY STATE	ZIP CODE
ITIRIEI AISINI REIR	Telephone number 41	21-17,7,91-16,6,6,5
3. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; an assistant treasurer).	d the name and address of
Full Name of Treasurer	CISTERNI	
Mailing Address	[P.O. B.O.X. 2.0.4.20.1.	
		1:11111
	CITY STATE	0,6,5,2,0]-[4,2,0,1] ZIP CODE
Title or Position TREASINERER	Telephone number 411	21-17,791-16,6,65

FEC Form	n 1 (Revise	d 02/200	9)						Page 4
Full Name of Designated Agent	CIT	<u>1761</u>	VISI 18	ANK	1 1				: : · ·
Mailing Address		120,9	1, , GH	MRIC	H, , S, T	REE	Ti	, . 	
				<u></u>					
	•	NEV	N, H,A	LV, E, N	1 1 1			CT STATE	[0,65,10]-[,;,
Title or Position									
	1 1 1		111	1111		Telep	hone nun	nber	
Banks or Other safety deposit bo				r other dep	ositories in	which the	e committ	tee deposits	funds, holds accounts, rents
Name of Bank, [Depository,	etc.							
	L		111						
Mailing Address									
			L 11	1 1 1 1	1 1 1				
					1 1 1			1.1	1
		<u> </u>		CITY		<u>) 1—1—</u>	<u></u>	STATE	ZIP CODE
Name of Bank, I	Depository,	etc.							
	1								•

CITY

ZIP CODE

STATE

Mailing Address

М	Ì
C	ŀ
^	
C	l
٣	
Ç,	ļ
•	
M	١
C	j
M	l
-	
-	1

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked //18/13
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signa	ature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
4mW	1/24/13
PREPARER	DATE PREPARED