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FEC FORM 1

STATEMENT OF ORGANIZATION

2010 HAR 22 AM 11: 20

FORM 1				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Treschinostragivi				Net I
ADDRESS (number and street)	1141011 1 Willis	10 m Biolaile via	101d1 1 1 1	
(Check if address is changed)	Bruiter 11110			2,2,2,0,9,-[2,3,1,8]
:		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	:SS (Please provide only one e	-mail address)		,
(Check if address is changed)				
COMMITTEE'S WEB PAGE AD	DDRESS (URL)			
(Check if address is changed)				
2. DATE 0 3 / []	2 2 0 1 0			
3. FEC IDENTIFICATION N	IUMBER C O	0,31,7446		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined Type or Print Name of Treasur	Brian	t of my knowledge and belief	it is true, correct	and complete.
Signature of Treasurer	Bri P.	Morel .	Date 0 3	3 1 7 20 7 0
NOTE: Submission of false, error	·	may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
Car		e 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. (Complet information below.)	e the candidate
	ne of didate	<u> </u>	<u></u>
	ididate sy Affiliatio	Office Sought: House Senate President	State District
(c)	(17n) (1±0	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		11111
Par	ty Con	nmittee:	
(d)		" F ' ' " " " " " " " " " " " " " " " "	mocratic, publican, etc.) Party.
Poli	itical A	action Committee (PAC):	
(e)	/		ted organization is a:
		***	abor Organization
Ī			ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	6 . 1 6 . 1 1 7	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
i i		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	draising Representative:	
<u>(</u> g)	ţ, j.	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)	i i	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	mittees Participating in Joint Fundraiser	
:	1.	FEC ID number	
•	2.		
:	 3.		
			::::::::::::::::::::::::::::::::::::::
	4.	FEC ID number C	(أوسيون بالاردان بالاردان بالاردان والم

Write or Type Committee Name

6. Name of Any Connected	Organization, Affiliated Committee, Jo	oint Fundralsing Represer	ntative, or Leadership	PAC Sponsor
Melchinollogy	Alsis loly i lattilolni 1	off America	a	
Mailing Address	1141011 Willston 1	Bloulilevaled		
	Shulitle 11/10/01/1			
•	Alchington		A 2220	9-2318
•	CITY	ST	TATE ZIF	CODE
Relationship: Connec	ted Organization Affiliated Committee	Joint Fundraising Rep	resentative Leade	rship PAC Sponsor
Custodian of Records: Id	entify by name, address (phone number	optional) and position o	f the person in posses	ssion of committee
Full Name Nic	Ihroiliais Manitriion	<u>e </u>		ليسيا
Mailing Address	Higioili Wisilisiona	Biojuitjeivjairid		
	Similitier Hillogory	1111111		ليديا
	Airiliinizition	lv lv	A 2,2,0	9-2318
Title or Position	CITY	STA	TE ZIF	CODE
Aisi Aisisioici	sestiiosm Counsel	Telephone number	202-68	12]-[4141412]
3. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) , assistant treasurer).	of the treasurer of the com	nmittee; and the name	and address of
Full Name of Treasurer <u>Brit</u>	IRINI IFILIOIOIDI I I I I I			لسبب
Mailing Address	1141011 Willson	Biowallerraica		ليبيي
	Switter 111100			لتبييا
•	Acciliangition 1	<u> </u>		9-23118
Title or Position	<u>.e</u>	Telephone number	7,0,3-[2,8]	

FEC FORM I (R	evised U272009)		Page 4			
Full Name of Designated Agent						
Mailing Address						
:						
	CITY	STATE	ZIP CODE			
Title or Position	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e number				
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.						
Wa	uchovina Banku					
Mailing Address	PION BIONXI 516131916161		11111111111			
		11111	ليتتتبين			
	Chariloutitie	NC	218121516 - 319166			
	CITY	STATE	ZIP CODE			
Name of Bank, Deposi	itory, etc.					
: : L.	<u> </u>					
: Mailing Address						
:						
1			<u> </u>			
	CITY	STATE	ZIP CODE			

(3/2005)

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