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FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

2012 FEB -6 AM 8: 33

			Cinde Oserbyky 1-	MILK
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Matt, Boutte for Congre	!\$\$			
	1 1 1 1 1			لب
ADDRESS (number and street)	PO Box 14105,			ı
(Check if and dress	Liliani			
is changed)	San Luis Obispo		CA 93406 -	
		CITY	STATE ZIP CODE	
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	-mail address)		
	matt@boutte2012.	çom, , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	لــــــــــــــــــــــــــــــــــــــ
(Check if address is changed)	1		111111111111	
COMMITTEE'S WEB PAGE ADI	www.boutte2012,c	nm		
(Check if address is changed)		Ψ11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
- is changed)			 	
2. DATE 01 26	2012			
3. FEC IDENTIFICATION N	ЈМВЕ Р С			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the best	of my knowledge and belief	t is true, correct and complete.	
Type or Print Name of Treasure	Sue Preheim			
···	2 1		M M / n n / V	v v v
Signature of Treasurer	Manthe -		Date 01 30 2	012
NOTE: Submission of false, erreneous, 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 Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		1

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5.	TYPE OF COMMITTEE							
	Can	didate	te Committee:					
	(a)	\boxtimes	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 Matthew, Elliott, Boutte							
	Candi Party	idate Affiliatio	on none Office Sought: House Senate President	State CA District 24				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi	-						
	Part	y Com	mittee:					
	[.] (d)		,	emocratic, publican, etc.) Party.				
	Polit	ical A	ction Committee (PAC):					
	(e)	\Box	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:				
			Corporation Corporation w/o Capital Stock	abor 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	Fund	raising Representative:					
	(g)		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.	or more political				
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
	Committees Participating in Joint Fundraiser							
		1.	FEC ID number C					
		2.	FEC ID number C					
		3.	FEC ID number C					
		4						

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Write or Type Committee Name							
Matt Boutte for Congress							
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor							
		 					
Mailing Address							
	CITY STATE	ZIP CODE					
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor					
nelationship.	d Organization Miniated Committee Don't Fundaising Representative Le	Padership PAO Oponson					
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in po	essession of committee					
books and records.							
Full Name Sue Pr	eheim						
Mailing Address	1224 Higuera Street						
	San Luis Obispo P340	1					
Title or Position	CITY STATE	ZIP CODE					
CPA/Treasurer	Telephone number 805 7	⁷⁸¹ , -6222					
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number - optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of					
Full Name of Treasurer Sue Pro	eheim						
Mailing Address	1224 Higuera Street						
	San Luis Objspo CITY STATE	1 ZIP CODE					
Title or Position [CPA/Treasurer, , ,	Telephone number 805, J – 7						

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Full Name of Designated Agent						
Mailing Address						
	CITY	STATE	ZIP CODE			
Title or Position	1	. 1	. - -			
	Telepho	ne number				
safety deposit boxes or main Name of Bank, Depository, Heritag Mailing Address	etc. je Oaks Bank [1135 Şanta Rosa Rd					
	San,Luis Obispo, , , , , , , , , , , , , , , , , , ,		93401			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, etc.						
PayPa	ļ _{.,,,,}					
Mailing Address	2211 North First St.					
	San Jose	CA	95036			
	CITY	STATE	ZIP CODE			

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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):