29020054215

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

			Office Use Only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5			
ALTILCIOIR PIO	المارية المالم الم	1,C,T,1,0,N, ,C,0,M,M,	TTEE			
ATITINI: SICICITIT	I SMIDIEIS I					
ADDRESS (number and street)	7,5,7,5 FILL	TIDIN ST E				
(Check if address	15,6,-13,4, , ,	[5,6,-,3,u,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
is changed)	[AD,A M,1 H,9,3,5,5]-					
		CITY	STATE ZIP CODE			
COMMITTEE'S E-MAIL ADDR	RESS (Please provide only or	ne e-mail address)				
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) SCIENTILISMOLES CALTINGER - COM						
(Check if address is changed)						
COMMITTEE'S WEB PAGE A	DDRESS (URL)	• •	•			
(Check if address						
is changed)						
2. DATE 6.3	2009					
3. FEC IDENTIFICATION I	NUMBER C	00034884				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
certify that I have examined	this Statement and to the I	best of my knowledge and belief	it is true, correct and complete.			
Type or Print Name of Treasu	rer <u>564</u>	E. SMOES				
	0-1		And the second of the second o			
Signature of Treasurer		· Sur	Date 03 16 2009			
NOTE: Submission of false, erro	•	tion may subject the person signing	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.			
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530				

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		COMMITTEE					
Can	didate	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. (Compinformation below.)	lete the candidate				
Name Cano	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Ert securior de 1894				
Name Cand	e of lidate						
Parl	ty Con	nmittee:					
(d)	E-V.		Democratic, epublican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	X	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.	P • • •				
(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.)					
loin	t Eund	draising 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)	Tunan in the second	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				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					

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Write or Type Committee Name								
ALTICOR POLITICAL ACTION COMMITTEE								
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor								
<u> </u>								
ATTN: SCOTT SMOES								
5 6 - 3 W								
		5,5 -						
CITY		ZIP CODE						
Relationship: Connected Organization Affiliated Committee Joint I	Fundraising Representative	dership PAC Sponsor						
 Custodian of Records: Identify by name, address (phone number optional books and records.) and position of the person in poss	ession of committee						
Full Name SCICITITI IEI SMOIES								
Mailing Address 7,5,7,5 Fulling Indian	<u>.</u>							
15,6,-,3,W,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
[A,D,A, , , , , , , , , , , , , , , , , ,		5,5 -[]						
Title or Position CITY	STATE 2	ZIP CODE						
TREASURER Tele	ephone number 6,16,1-75	871-0.1.5 <u>9</u> 1						
B. Treasurer: List the name and address (phone number optional) of the treasurer any designated agent (e.g., assistant treasurer).	surer of the committee; and the nam	ne and address of						
Full Name of Treasurer SCOTT E SMOES								
Mailing Address [7,5,7,5, F,u,L,T,o,N, S,T, E	= 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
15,6,-,3,4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
CITY	······································	5,5						
Title or Position TREALSURER Tele	ephone number 6,1,6,-17,5	165,110-158						

CITY

STATE

ZIP CODE

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Full Name of Designated Agent

Mailing Address

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Overnight Delivery Service (Specify):	Shipping Date			
Next Busine	ess 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):	Receipt or Postmarked			
ev	3/24/09			
(3/2005)	DATE PREPARED			