FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2012 AUG 16 AM 8: 47
NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5 FEC MAIL CENTER
NORTHEA	ST, DTiLiTies	
ADDRESS (number and street)	ONE NSTARWAY SW 380 Westwood	STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDR	ESS	
(Check if address is changed)	Optional Second E-Mail Address	
COMMITTEE'S WEB PAGE A	DDDESS (UDI.)	•
(Check if address is changed)		
2. DATE		
3. FEC IDENTIFICATION I	NUMBER ► COO.1.193a.1	
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
I certify that I have examined	this Statement and to the best of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasu	ror MARK Li Reed	
Signature of Treasurer	naux L. Reed	Date 08 01 2012

NOTE: Submission of false, erroneous, 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.

	ANY CHAN	IGE IN INFOR	RMATION SHO	OULD BE REPORTED WITHIN 10 DA	.YS.
Office Use Only		:		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)

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		OMMITTEE	
	didate	Committee: This committee is a principal campaign committee. (Complete the candidate information below.)	,
(a)			
(b)	L	This committee is an authorized committee, and is NOT a principal campaign committee. (Corrinformation below.)	plete the candidate
Name Cand			
Cand Party	idate Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo Capital Stock	Labor 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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leader≘hip PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for trecommittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	-4.	FEC ID number	

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Write or Type Committee Name				
6. Name of Any Connected Orga	nization, Affiliated Committee, Jo	oint Fundraising Repres	sentative, or	Leadership PAC Sponsor
IN STTAIR ADIVOIC	ATTIPISI IOHFI AI BI	etiter (iolniate	leissiiiiiiii
	<u> </u>		Ш	
Mailing Address	VEINISMAIRI WOULL	111111		
	<u>10 + 13 8 10 </u>			
1	UP SITTWOOD 111		AM	020901-111
·	CITY		STATE	ZIP CODE
Relationship: Connected Or	ganization Affiliated Committee	Joint Fundraising R	epresentative	e Leadership PAC Sponsor
	—			
 Custodian of Records: Identify books and records. 	by name, address (phone number	optional) and position	n of the pers	on in possession of committee
Full Name			 	
Mailing Address			<u> </u>	
L				
L			ليا	
Title or Position	CITY	s	STATE	ZIP CODE
		Telephone numb	er	لـــا-لـــا
Treasurer: List the name and acany designated agent (e.g., assi	ddress (phone number optional) stant treasurer).	of the treasurer of the c	ommittee; ar	nd the name and address of
Full Name of Treasurer	K C Reed		<u> </u>	
Mailing Address	DNE WSTAG	2 Way	<u> </u>	
L	<u> SW-13180111</u>	<u> </u>		
[NESTWOOD	s	MAA	ZIP CODE
Title or Position TIREASURER		Telephone numb	er 18	71-1811-137761
<u></u>				

Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

Mailing Address

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

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12030874229

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