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FEC FORM 1

STATEMENT OF ORGANIZATION

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CCC #Officer UserOnly......

	_			FEC.#	Office Use Only, 1 7 (** (*)	
1. NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	.12FE4M5	and the second s	
BUNRG FOR	ردم	418811				
	<u> </u>					
ADDRESS (number and street)	148	N. Mitchel	VI AVELLI	<u> </u>		
(Check if address is changed)	<u> </u>	<u> </u>				
	المنع	TO STAN I		STATE A	ZIP CODE A	
COMMITTEE'S E-MAIL ADDRE	ss					
(Check if address is changed)	punector congress Regionsil com					
		I Second E-Mail Ad	, 7			
COMMITTEE'S WEB PAGE ADD	ORESS (L	JRL)				
(Check if address is changed)	لبنا			<u> </u>		
	1	1 1 1 1 1 1				
						
2. DATE \(\frac{1}{\chi}\) \(\frac{1}{\chi}\) \(\frac{1}{\chi}\)	֓֞֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	** 7 *** # 4, # 4, # 4, #				
3. FEC IDENTIFICATION NU	JMBER		ig naragnasing naraystering period generalgens as no english Salah salah			
4. IS THIS STATEMENT	NEV	/ (N) OR	AMENDED (A)	! 		
I certify that I have examined th	is Statem	ent and to the best	of my knowledge and belie	of it is true, correct ar	nd complete.	
Type or Print Name of Treasure	<u>(,,</u>	den R	. Homa			
Signature of Treasurer	Yw	14 C.	Mu	Date \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	27/2012	
NOTE: Submission of false, errone			may subject the person signing ION SHOULD BE REPORTED		e penalties of 2 U.S.C. §437g.	
Office Use Only			For further information Federal Election Common Toll Free 800-424-9530	nission	FEC FORM 1 (Revised 06/2012)	

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		COMMITTEE	
Can	F . ".3	e Committae:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		plete the candidate	
Nam Cano	e of didate	MATIK S. Dunec	
	didete / Affiliati	on VE 1 Office Sought: House Senate President	State N.J. District
(c)	Service of the servic	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	e of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	7 (1986) da de la casa
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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.	·
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gregated fund or party
	LIBER.	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.)	
Join	t Fund	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.	o or more political
(h)	17 F. 16 16 F. 16 17 F. 16	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.	o or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	tan ahu andara Brasali and
	3.	FEC ID number	
	4.		man to an incident of my solver of my solver of the solver
		the state of the s	handiner Brankman

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Write or Type Committee Na	ame	
Dunec Fer	Congress	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
~ \		
Nove		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
	-	
 Custodian of Records: books and records. 	Identify by name, address (phone number optional) and position of the person in p	ossession of committee
Full Name	teon Ruthemann	
Mailing Address	7 Condrys de 125 re	<u> </u>
	<u> </u>	
	1-14-4-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	039-
Tidle on Decision	J	•
Title or Position	CITY STATE	ZIP CODE
7,78,0,5,08,0	Telephone number $273-6$	<u> 1851-1989</u> 9
8. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name of Treasurer	con R. Hanou	
Mailing Address	- Corntry de 1 Drive	
	CITY STATE	ZIP CODE
Title or Position		<u>985 -1989,9</u>
Tre asureir	Telephone number	1931-1911

CITY

STATE

ZIP CODE

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Mailing Address

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