FEC FORM 1

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0308

STATEMENT OF ORGANIZATION

RECEIVED

2012 NOV 23 PM 1:59

Office Use Only

1.	NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	- UENTER	
5	TAFFORD C	QUINITY REPUB	3 4 CAN CON	MUTTEE		
					<u> </u>	
AD	DRESS (number and street)	10 BOX 246	o.(<u> </u>		
	(Check if address is changed)			<u> </u>		
	-	STAFFORD CITY		STATE A	ZIP CODE	
СО	MMITTEE'S E-MAIL ADDRES	SS				
	(Check if address is changed)	STAFFORD.		TIO NIETI		
		Optional Second E-Mail Addre	le@hotimail.	com		
COMMITTEE'S WEB PAGE ADDRESS (URL)						
	✓ (Check if address is changed)	www. staffo	rdigapicami			
	мм/ D	D / Y Y Y Y				

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 Treasurer

IS THIS STATEMENT

FEC IDENTIFICATION NUMBER

JEFFREY A.

OR

NEW (N)

SCHRADE

Date

Signature of Treasurer

DATE

AMENDED (A)

(b) 20 20 12

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.

	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)

TYPE OF C						
Candidate	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. (Complete the candidate information below.)					
Name of Candidate						
Candidate Party Affiliati	Office State on Sought: House Senate President District					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Con						
(d)	This committee is a REP (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Party.					
Political A	action Committee (PAC):					
(e)	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.					
(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. (trientify aponsor on line 6.)					
Joint Fund	draising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Com	million Destiningting in Joint Eughgeiner					
Com	rmittees Participating in Joint Fundraiser					
1.	FEC ID number C					
2.	FEC tD number C					
3.	FEC ID number C					
4.						

	FEC FORM 1 (Revised ()2/2009)					Page 3
Write or Type Committee Name							
6.	Name of Any Connected (Organization, Affi	liated Commit	tee, Joint F	undraising Re	presentative, o	or Leadership PAC Sponsor
					<u> </u>		1 1 1 1 1 1 1 1 1
Ц							
	Mailing Address						
							<u> </u>
			CITY			STATE	ZIP CODE
	Relationship: Connected	d Organization	Affiliated Com	mittee	Joint Fundraisi	ng Representati	ive Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. 				rson in possession of committee			
Full Name JEFREY A SEHRADE							
	Mailing Address	16 Bau	LDER	DR		1 1 1 1 1	
		SITIA F	FORB			VA	22554-
	Title or Position	·	CITY			STATE	ZIP CODE
	I, RE A, S, URR	<u> </u>	<u> </u>]	Telephone n	umber 2	93-1879-5277
	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
	Full Name of Treasurer	FREY 1.	1,594	RAD	E	1111	
	Mailing Address	19 BOW	LDER	DRI			
					 		
		STAFF	CITY	111		STATE	2号54- ZIP CODE
	Title or Position			J	Telephone n	umber ZO	2-870-3,27

Full Name of Designated Agent		111111				
Mailing Address						
	CITY	STATE	ZIP CODE			
Title or Position	ı	1				
	<u> </u>	one number	<u>- - - - - - - - - - - - - - - - - - - </u>			
						
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.						
[CA.R.	IZA BANK & TRUST					
Mailing Address		TH AUE				
		<u> </u>				
	STAFFORD		22554-			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, etc.						
Mailing Address						
		لـا لــ				
	CITY	STATE	ZIP CODE			

Alexandra
I mailed the original
some time ago. Please
let me know as soon
as possible if our
as possible if our approved & so that I can file.
E so that I can pile.
Thanks.
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Jeft Schrado

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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):	
1 10	. / /
Gmb .	11/26/16
PREPARER	DATE PREPARED

(3/2005)