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FEC

STATEMENT OF

RECEIVED **ORGANIZATION** FORM 1 NAME OF (Check if name Example: If typing, type 12FE4M5 TEC COMMITTEE (in full) over the lines. is changed) Free Soul Party ADDRESS (number and street) (Check if address is changed) STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Freesion parting hive icom is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C0055959 FEC IDENTIFICATION NUMBER ▶ AMENDED (A) IS THIS STATEMENT NEW (N) OR 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 Date Signature of Treasurer 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.

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Office Use Only	For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 06/2012)

FEC	Form 1 (Revised 02/2009)	Page 2	
	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 committe information below.)	e. (Complete the candidate	
Name of Candidate	1		
Candidate Party Affili		State sident	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized comm	F2-582.000M	
Name of Candidate			
Party C	ommittee: California Free S		
(d)	This committee is a CA (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Part	
Political	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	
	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 sep committee. (i.e., nonconnected committee)	arate segregated fund or par	
In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fu	ndraising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceed	eds for two or more political	
9	committees/organizations, at least one of which is an authorized committee of a federal car	ndidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, none of which is an authorized committee of a federal candidate		
Co	ommittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number C		
4.			

v	Vrite or Type Committee Name						
6.	Name of Any Connected C	Organization, Affiliate	d Committee, Joint F	Fundralsing Repr	esentative,	or Leadership PAC	Sponsor
U	Telalch Helmpl	100mm; 144	telel III				
	Mailing Address	P-101.1 B	X 14211				
				11111			
		Martine	2		CA	9.4553-	014121
			CITY		STATE	ZIP COD	E
	Relationship: Connected	d Organization [YAffi	liated Committee	Joint Fundraising	Representa	tive Leadership F	PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address	(phone number op	otional) and positi	on of the pe	erson in possession o	of committee
	Full Name Diolois	glas Sco	sititi Nav	i Rajam	<u> </u>		
	Mailing Address	P. 101.1 BC	x 421				
							للسلال
		Maritime	28		CA	1914553-	0421
	Title or Position		CITY		STATE	ZIP COD	E
	Public Se	rivaintii		Telephone num	nber [<u>9</u>]	25-286-	6127
8.	Treasurer: List the name an any designated agent (e.g.,		nber optional) of the	e treasurer of the	committee;	and the name and a	ddress of
	Full Name of Treasurer	glas Sca	ett Var	i Rajaim	1111		لبيا
	Mailing Address	P. O. Bo	× 421				لسب
					1111		шШ
		Marchine	CITY		CA STATE	9,4,5,5,3- ZIP COD	0421 E
1	Title or Position	riviainti		Telephone num	nber 🗓	25-286-	Ce1/27

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	Full Name of Designated Agent	<u> </u>	<u> </u>		
	Mailing Address				
		CITY	STATE	ZIP CODE	
	Title or Position				
		Telephone nu	mber <u>i</u>		
9.	safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
	RU	ouvident Meitals			
	Mailing Address	11518150 Dallas Harkwa	<u> </u>		
		Dallas	KI	752481-	
		CITY	STATE	ZIP CODE	
	Name of Bank, Deposito	ry, etc.			
	5h	ell western States Cu	red it	Union	
	Mailing Address	P.O. BOX 456			
			1 1 1		
		Martinez	CA	9.4553-0456	
		CITY	STATE	ZIP CODE	

- <u>Միկսիերի Արիլի Արիլի հարարիրիի</u>

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(8/2013)

PREPARER