Image# 12950858295 PAGE 1 / 4

FEC FORM 1		STATEM ORGAN													
							\perp			Office	Use C	nly			
1. NAME OF COMMITTEE (in	ŕ	(Check if name is changed)		mple:If ty the lines		rpe	12	PE4	М5						
Betty Sutto	on for C	ongress		1 1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	ı	1 1	1 1	ı
															_
ADDRESS (number a		PO Box 14693													
(Check if address															
is changed)		Copley					LO	H	Ĺ	14321					
			CITY				STA	TE			ZIP	COE	DΕ		
COMMITTEE'S E-MA		(Please provide only o		dress)											
(Check if		bettysutton@gmail.cor	n 												
is change															
COMMITTEE'S WEB	PAGE ADDRE	ESS (URL)													
_		ttp://www.bettysuttonfo	orcongress.c	om 	1 1	1 1	1 1	1 1	1 1	1 1	ı	l l	1 1	1 1	
(Check if is change															
	L														
2. DATE 03	B 16	2012													
3. FEC IDENTIFIC	CATION NUME	BER C	C0041781	6											
4. IS THIS STATE!	MENT	NEW (N) OF	×	AME	ENDED	(A)									
I certify that I have e	examined this S	Statement and to the	best of my	knowledg	e and b	elief it	is tru	ie, co	rrect a	and co	mple	te.			
Type or Print Name	of Treasurer	Susannah Muskovitz													
Signature of Treasure	Susannah M er	Auskovitz		[Electron	ically F	iled]	Date		03	' [16	' [20	012	Υ
NOTE: Submission of		c, or incomplete informa				-				he per	nalties	of 2	U.S.C	. §437	g.
Office Use				For further				:		FE	EC I	FOR	RM 1	l	_

Toll Free 800-424-9530 Local 202-694-1100

Only

(Revised 02/2009)

FE	C For	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
		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. (Cominformation below.)	plete the candidate
Name o		Betty S Sutton	
Candida Party A		Office DEM Sought: X House Senate President	State
•			District 16
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party	Com	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politic	al A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	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 secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	und	raising 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.	vo or more political
(h)		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
(Comi	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
:	2.		
	3.		

FEC Form 1 (Revise	rd 02/2009)	Page 3
Write or Type Committee Na	me	
Betty Sutton for	or Congress	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative, of	or Leadership PAC Sponsor
Mailing Address		
Ü		
		I I-I
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representation	ive Leadership PAC Sponso
. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the per	rson in possession of committee
Susanr Full Name	ah Muskovitz	
Mailing Address	820 West Superior Ave	
	8th Floor	
	Cleveland	44113
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	and the name and address of
Full Name Susann of Treasurer	ah Muskovitz	
Mailing Address	820 West Superior Ave	
	8th Floor	
	Cleveland	44113
Title or Position	CITY STATE	ZIP CODE
Treasurer	21 Telephone number	6 621 - 2020

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, I	Depository, etc.	
Name of Bank, I	Depository, etc. US Bank PO Box 1800 Saint Paul MN 55101	
	US Bank PO Box 1800 Saint Paul MN 55101	7ID CODE
	US Bank PO Box 1800 Saint Paul CITY STATE	ZIP CODE
Mailing Address	US Bank PO Box 1800 Saint Paul CITY STATE	ZIP CODE
Mailing Address Name of Bank, I	US Bank PO Box 1800 Saint Paul CITY STATE Depository, etc.	ZIP CODE