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FEC FORM 1

STATEMENT OF ORGANIZATION

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4MC M	AIL CENTER
REGENERATE	WESTIVIAGI	NIN	LL	
ADDRESS (number and street)	120 BOX 11	376	<u> </u>	
(Check if address is changed)				
	CITY A	N	STATE A	5,3391-[13,76] ZIP CODE▲
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)			1 1 1 1 1 1	
	Optional Second E-Mail Add	ress		ı
No.	~ <u> </u>	makada 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)	e marcher o de como de empleo de entre encourage de la 2000 de 2000 de 2000 de 2000 de 2000 de 2000 de 2000 de La companya de la companya della companya della companya della companya de la companya de la companya della companya del		szerne szerent kilosofo i haladak thi i kilosofo i giplist kilojón.
(Check if address the isnchanged)	regenerati	ewv.org		
Contraction of Committee			<u> </u>	
2 DATE [] 0	DIVERNITOR			
3. FEC IDENTIFICATION NU	IMBER ▶ C	anguai ampangangangangang a dandandanda dandanb		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and	l complete.
Type or Print Name of Treasurer	Bren J. P	Ginggmo		
Signature of Treasurer	mJ. Pa	exemo	Date (05 2013
NOTE: Submission of talse rerone	ous, or incomplete information r	may subject the person signing to ON SHOULD BE REPORTED W	nis Statement to the	penalties of 2 U.S.C. §437g.
Office Use Only		For further information oc Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	entact:	FEC FORM 1 (Revised 06/2012)

		COMMITTEE e Committee:
(a)) e	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.)
Nami Cand	e of lidate	
	lidate Atfiliati	Office State ion Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand	e of lidate	
Part	ty Con	nmittee:
(d)	1.7	This committee is a (National, State (Democratic, Republican, etc.) Party.
Poli	tical A	Action Committee (PAC):
(e)	1	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)	X	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. (Identify sponsor on line 6.)
Join	t 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	amittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	FEC ID number C

Write or Type Committee Nam	е
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connecte	d Organization []Affiliated Committee []Joint Fundraising Representative []Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in possession of committee
Full Name TRE	4.5.0.R.F.R.
Mailing Address	
Title or Position	CITY STATE ZIP CODE
	Telephone number
B. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer BRE/	N JOSEPH POMPONIO
Mailing Address	100 BOX 111376
	CHARLESTON UN 253391-11376 CITY STATE ZIP CODE
Title or Position TREASURER	Telephone number 30.41-619-5129

Name of Bank, Depository, etc.

Mailing Address	L	<u> </u>		1	1:		_1_			ـــا				L		L						ı					1
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STATE

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