## HIGH IMO TOO

## STATEMENT OF

FORM 1	ORGAN	IIZATION	ORDERED 12 AMII: 49				
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	ne Example: If typing, type over the lines.	12FE4M5 FEG MAIL CENTER				
18-24							
ADDRESS (number an	d street) $P_0$ $B_0$ $x$	494					
(Check if a							
is changed		is Chaty	[M <sub>1</sub> D]  2 <sub>1</sub> O <sub>1</sub> 6 <sub>1</sub> 8 <sub>1</sub> 6 -				
COMMITTEE'S E-MA	IL ADDRESS						
(Check if a is changed		ını@sımıcımı•ieıdıuı ı lail Address					
COMMITTEE'S WEB (Check if a is changed	PAGE ADDRESS (URL)  ddress  \[ \sum_1 \nu_1 \nu_	1c18, -12,4, - prg					
2. DATE O	2 0 1 2 0 1 5	C 0 0 5 2 3 0 0 1					
3. FEC IDENTIFIC	ATION NUMBER >	0,					
4. IS THIS STATEM	IENT NEW (N)	OR MENDED (A)					
I certify that I have e	xamined this Statement and to the	e best of my knowledge and belief	it is true, correct and complete.				
Type or Print Name	of Treasurer <u>SUSAN</u> E	E GRUGAN					
Signature of Treasure		Mation may subject the person signing	Date 02 07 2015  g this Statement to the penalties of 52 U.S.C. §30109.				
TOTE. OUDITIOSION OF		ORMATION SHOULD BE REPORTED					
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100					

FEC For	m 1 (Revised 02/2009) Page 2					
	TYPE OF COMMITTEE					
	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 Affiliation	Office State Sought: House Senate President District					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Com	imittee:					
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.					
Political A	ction 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) <b>S</b>	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.)					
Joint Fund	raising 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	mittees Participating in Joint Fundraiser					
1.						
2.						
•						
3.	FEC ID number					
4.	FEC ID number					

	MONE			<u> </u>				
	Mailing Address							
1								
5				<u> </u>				
503		CITY	STATE	ZIP CODE				
	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor							
1m9 - 4m00	Custodian of Records: Ide books and records.							
Ŏ	Full Name S <sub>1</sub> U <sub>1</sub> S <sub>1</sub>	ON E GRUEAN	16 A N					
	Mailing Address	PO BOX 404	<u> </u>					
-			_1_1_1_1_1_1_1_1					
		St. MARY'S CITY	[MD]	20686				
	Title or Position	CITY	STATE	ZIP CODE				
	Ternsuper	1	1.3 c	0.1117.7.3112.2.7.0				

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

[30,1]-[37,3]-[2,2,7,9] 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 15, U, S, A, N, E, GR, O, G, A, N, I, I, I, I, I, I, I of Treasurer Mailing Address SITI MARLY'SI WD ZIP CODE CITY STATE Title or Position TREASURER Telephone number

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Page 3

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Full Name of Designated Agent								
Mailing Address		<del></del>						
	CITY	STATE	ZIP	CODE				
Title or Position	Telephone	number <u></u>		ا-لـنــا				
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. $P_{N_1}C_{-1}B_{-1}$								
Mailing Address 22610 Thiries Notes								
						Lexington Park	] MiD	20165
•	CITY	STATE		CODE				
Name of Bank, Depository, etc.								
		<del>                                     </del>						
Mailing Address			<u> </u>					
				<u> </u>				
•								
	CITY	STATE	ZIP	CODE				



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Federal Election Commission 999 E Street, NW Washington DC

o Box tot tMayscity Mi 20686

## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** 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):

PREPARER (8/2013)