## 2030982307

**FEC** FORM 1

NAME OF

## STATEMENT OF **ORGANIZATION**

RECEIVED

2012 DEC date upphole: 31

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FEEDSTAIL CENTER			
City 101f Man	11915151 <i>0</i> 151   Rieipi	vibiliticiaini ipia	<u>ıcıtıyı </u>			
			<u> </u>			
ADDRESS (number and street)	ADDRESS (number and street) 8:6:6:5:					
(Check if address is changed)						
	Miainiaisisiaisi :		V   A			
COMMITTEE'S E-MAIL ADDRE	ss					
(Check if address is changed)  MIGINIALS IS IQUE SIGNAL COME COME COME COME COME COME COME COME						
	Optional Second E-Mail Add	dress	,			
			<del></del>			
COMMITTEE'S WEB PAGE ADI	DRESS (URL)					
(Check if address is changed)						
2. DATE   2	1 2012					
3. FEC IDENTIFICATION NUMBER  C						
4. IS THIS STATEMENT V	NEW (N) OR	AMENDED (A)				
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief i	t is true, correct and complete.			
Type or Print Name of Treasure	Christopher	M Peden				
Signature of Treasurer	hrestopher m Pe	elir	Date   2   1   2 0   2			
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 Federal Election Commiss Toll Free 800-424-9530				

5.

12010	1 499 2				
TYPE OF C	COMMITTEE				
Cendidate	e 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 Affiliat	Office State ion Sought: House Senate President District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Cor					
(d) 🗸	This committee is a 5 UB (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 additieπ, this committee is a Lobbyist/Registrant PAC.				
<b>(f)</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	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/on;anizations, at least one of which is an authorized committee of a finderal cambidate.				
(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					
Con	nmittees Participating in Joint Fundraiser				
1.	FEC ID number C				
2.	FEC ID number C				
3.	FEC ID number C				
4.					

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Title or Position

8.

Tirieiaisivirieiri

ZIP CODE

12011101-161312141

ZIP CODE

7.0.31-19.6.71-1.9.4.81

STATE

Telephone number

Leadership PAC Sponsor

Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the trea j., assistant treasurer).	surer of the committee;	; and the name and address of
Full Name of Treasurer	: istopher Michaell	Pieden	
Mailing Address	18,9,0,2, Piciiniciention	Plairiki ibirii	N.C. I.
	M141019151519151 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UA STATE	[2,0,1,1,0]-[6,3,2,4]
Title or Position	5	52	2.11 0052
Tirieiaisiuiriei	C Tel	ephone number 171	013 - 1916, 71 - 11, 9, 4, 8

CITY

CITY

Page 4

ZIP CODE

ZIP CODE

ZIP CODE

STATE

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Full Name of Designated Agent

Mailing Address

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.					
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked				
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USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Confirmation™ Label					
USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Business	Day Delivery				
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				
Other (Specify):	eipt or Postmarked				
PREPARER	12/13/12 DATE PRÉPARED				
(3/2005)					