• .		HAND DELIVERED
FEC FORM 1	STATEMENT OF ORGANIZATION	2011 AUG 7 P 2: 29 Office Use Only
1. NAME OF COMMITTEE (in fuli)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
Friends of	Cathy Johnson Pend	Letan,
ADDRESS (number and street)	P.O. BOX 5004	
(Check if address is changed)	Laurel	m7 20726-50,04
	CITY	STATE ZIP CODE
(Check if address is changed) COMMITTEE'S WEB PAGE A (Check if address is changed)		
 DATE DESTINATION FEC IDENTIFICATION IS THIS STATEMENT 	NUMBER C AMENDED (A)	
Type or Print Name of Treasu	atty Johnson bendle to	thy Johnson Pendletor, Noate 108 17 12017
NOTE: Submission of false, err	oneous, or incomplete information may subject the person signin ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	

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FEC Form 1 (Revised 02/2009)

5.	TYPE OF COMMITTEE Candidate Committae:						
	(a)	X	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 Candi	-					
	Candi Party	idate Affiliatio	n DEM Office State DEN State M.Z. Sought: Nouse Denate President District 0.5				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candi						
	Part	y Com	mittee:				
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.				
	Polit	tical Ac	tion 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				
			Mombership Organization				
			In addition, this committee is a Lobbylst/Registrant PAC.				
	(f)		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 Lobeyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint	t Fund	raising Representative:				
	(g)	dina second	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.				
		Comr	nittees Participating in Joint Fundraiser				
		1.					
		2.					
		3.					
		4.					

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FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Friends of Cathy Johnson tendleto	<u>n</u>
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
Mailing Address	
Relationship: Connected Organization	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in books and records. 	possession of committee
Full Name Cathy Johnson Pendliction	
DA BUY KAXIL	<u></u>
Mailing Address $ \prod \bigcup_{i=1}^{n} \bigcup_{j=1}^{n} \bigcup_{i=1}^{n} \bigcup_{i=1}^{$	
Laurel 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	724-5074
Title or Position CITY STATE	
Candidiater 1111 Telephone number 240-	593-14144
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer). 	aname and address of
$-100 \qquad \text{M}_{\odot} = 1.0 \qquad 11$	
of Treasurer	<u></u>
Mailing Address $P_4Q_1B_1Q_1X_15_1Q_1Q_4$	
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CITY STATE	2724-5004 ZIP CODE
Title or Position	498-8913

FEC Form 1 (Revised 02/20

Full Name of Designated Agent	Cat	hy J.	has	$\delta \partial_{1} \mathcal{D}_{1}$	Per	d	e to	\mathcal{D}	1 1			1 1			
Mailing Address	L	P.0. 1		500				1_1	L		1l		1 1I		
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		Lay	rel.		<u>I_I_I</u>	L_L_L	<u> </u>] s	M	2	20				oң
Title or Position	tant	Ire	<u>qs y</u> y	-]	Tel	ephone	_		24	_ _0			-	<u>44</u> 1

Page 4

9. 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,			
Cap	ital, One Bank,		
Mailing Address	1802 Pleasant Drive		
			L L I
	Ro, CKville	1 M/7 120.8501-L	
		•	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,		STATE ZIP CODE	
Name of Bank, Depository,			1_1
Name of Bank, Depository,			I

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicat	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Conf	firmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess 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
Date of Other (Specify):	Receipt or Postmarked
(Imp).	8/17/10 DATE PREPARED
(3/2005)	DATE PREPARED