STATEMENT OF

RECEIVED

| FEC FORM 1 | ORGANIZATION | 2011 NOV 14 AM 10: 28 | | |
|---|---|--------------------------------|--|--|
| | | FEC MAND OF HTER | | |
| 1. NAME OF COMMITTEE (in | full) (Check if name Example:If typing, type over the lines. | 12FE4M5 | | |
| AFRICA FO | OR OBAMA (AFO) | | | |
| | | | | |
| ADDRESS (number an | 7857 LEONA STREET | | | |
| (Check if ad is changed) | dress ST. LOUIS | MO 63123 | | |
| | CITY | STATE ZIP CODE | | |
| COMMITTEE'S E-MAI | L ADDRESS (Please provide only one e-mail address) AFRICANFEDERAL@AFRIK | I.INFO | | |
| is changed | | | | |
| COMMITTEE'S WEB (Check if a is changed | | 3 | | |
| 3. FEC IDENTIFIC | ATION NUMBER | | | |
| 4. IS THIS STATEM | NEW (N) OR AMENDED (A) | , | | |
| I certify that I have ex | camined this Statement and to the best of my knowledge and belief it | is true, correct and complete. | | |
| Signature of Treasure | Catholy / | Date 11" / 04° / 2011. | | |
| NOTE: Submission of fa | alse, erroneous, or incomplete information mat/subject the person signing t ANY CHANGE IN INFORMATION SHOULD BE REPORTED W | | | |
| Office Use | For further information c Federal Election Commissi Toll Free 800-424-9530 | | | |

| | FEC Fo | rm 1 (Revised 02/2009) Page 2 | | | |
|-------------|-----------------------|--|--|--|--|
| | | OMMITTEE | | | |
| (a) | \times | 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.) | | | |
| Nam Can | e of didate | BARACK OBAMA | | | |
| | didate / Affiliati | on DEM Office State Senate President District | | | |
| (c) | \boxtimes | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | |
| Nam Cano | e of didate | BARACK OBAMA | | | |
| Par | ty Con | nmittee: | | | |
| (d) | | This committee is a (National, State (Democratic, Republican, etc.) Party. | | | |
| Poli | tical A | ction Committee (PAC): | | | |
| (e) | \boxtimes | 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 Tratle 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 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 | Iraising 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. | FEC ID number | | | |
| | 3. | | | | |
| | 4. | | | | |

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FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name AFRICA FOR OBAMA (AFO) 6. "Name of Any Connected Organization, Attitiated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address 163123 (M_iO CITY STATE ZIP CODE Affiliated Committee Connected Organization Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. _IIBRAHIMA COULIBALY Full Name Mailing Address Title or Position CITY STATE ZIP CODE Telephone number 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 of Treasurer Mailing Address ZIP CODE CITY STATE Title or Position PRESIDENT/TREASURER Telephone number

9.

| FEC Form 1 (Revise | ed 02/2009) | | Page 4 |
|--|---|-----------------|-----------------------------|
| | | | |
| Full Name of Designated AGent | ЕР ЖАТАМ СОУЦІВАЦУ, | | |
| Mailing Address | 7857 LEONA STREET | <u> </u> | |
| | | | |
| | ST. LOUIS CITY | [MO] STATE | ZIP CODE |
| Title or Position [ASSISTANT, TREA | SURER Telephone nu | mber [314 | |
| Banks or Other Depositor safety deposit boxes or mai | ies: List all banks or other depositories in which the commintains funds. | ttee deposits f | unds, holds accounts, rents |
| Name of Bank, Depository, | | | |
| USBA | NK | 1 1 1 1 1 | |
| Mailing Address | 10 N HANLEY RD | | |
| | | | |
| | [CLAYTON | MO | [63105,] -[3426,] |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| L | | 1 1 1 1 1 | |
| Mailing Address | | <u> </u> | |
| | | | |
| • | | | |
| | CITY | STATE | ZIP CODE |

| Federal Election Cor ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fili | R INCOMING DOCUMENTS | | | | |
|---|-------------------------------|--|--|--|--|
| Hand Delivered | Date of Receipt | | | | |
| USPS First Class Mail | Postmarked | | | | |
| USPS Registered/Certified | Postmarked (R/C) | | | | |
| 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 & Registratio | Date of Receipt on Office | | | | |
| Received from Senate Public Records Office | Date of Receipt | | | | |
| Received from Electronic Filing Office | Date of Receipt | | | | |
| Other (Specify): | Date of Receipt or Postmarked | | | | |
| CIMN | (1/14/11 | | | | |
| PREPARER | DATE PREPARED | | | | |

(3/2005)