12030924327

STATEMENT OF **ORGANIZATION**

RECEIVED

| FORM I | _ | | | 2012 UC1 23 | Jse Only | |
|---|---------------------------------------|--|---|---------------------|------------------------------|--|
| 1. NAME OF COMMITTEE (in | | Check if name s changed) | Example: If typing, type over the lines. | TEC MAIL 12FE4M5 | | |
| Glavis | mar ket | 19 110te | ct candida | ite spe | ch pac | |
| | | 111111 | | 111111 | | |
| ADDRESS (number a | , | | | | | |
| (Check if a is changed | | 111111 | | | | |
| | Lc | <u> </u> | | STATE A | ZIP CODE ▲ | |
| COMMITTEE'S E-MA | - | | Gravis r | nnekatin | 9. C.M | |
| ✓ (Check if a is changed | address | 1049 4 | 6600131 | | / * (0 /) | |
| | Optional · | Second E-Mail Add | iress | | | |
| | | · | | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (U | RL) | | | | |
| ⟨Check if a is changed | | | · | | | |
| | | | | <u> </u> | | |
| | | | | | | |
| 2. DATE | ֓֞֓֞֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | 0 12 | | | | |
| 3. FEC IDENTIFICATION NUMBER > C 005 & 60 & 0 | | | | | | |
| 4. IS THIS STATEM | MENT NEW | (N) OR | AMENDED (A) | | | |
| I certify that I have e | examined this Statement | ent and to the best | of my knowledge and belief | | - | |
| Type or Print Name | of Treasurer | Jan - | Poughs Jo | SPH Kaplo | LA | |
| Signature of Treasure | er <u>10</u> | | | Date (V | 1° ' à i l'à | |
| NOTE: Submission of | - | • | may subject the person signing ON SHOULD BE REPORTED | · | alties of 2 U.S.C. §437g. | |
| Office Use Only | | | For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | sion FE | C FORM 1 levised 06/2012) | |

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|--------------------------------|--|-------------------------|--|--|--|--|
| TYPE OF C | DMMITTEE | | | | | |
| Candidate | 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 Sought: House Senate President | State District | | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Name of Candidate | | 1 1 1 1 1 1 1 | | | | |
| Party Con | mittee: | | | | | |
| (d) | (National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Part | | | | | |
| Political A | ction Committee (PAC): | | | | | |
| (e) / | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected organization is | | | | |
| | Corporation w/o Capital Stock | Labor Organization | | | | |
| | Membership Organization Trade 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 s committee. (i.e., nonconnected committee) | segregated fund or part | | | | |
| | In addition, this committee is a Lebbyist/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 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 C | | | | | |
| 4. | | | | | | |

| | | I |
|---|---|---|
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| Write or Type Committee Name | caling one protec | ct candidate speech |
| | | • |
| 6. Name of Any Connected Organiza | ation, Affiliated Committee, Joint Fundraising | Representative, or Leadership PAC Sponsor |
| Gray is May | Ketily ING | <u> </u> |
| 11910 Belle | I BUC I I I I I I I I I I I I I I I I I I I | 111111111111111 |
| Mailing Address | Sunter Toyan | |
| <u>LL</u> | I WINTER SPIRMSU | 1/-6 3 21208 |
| | ! | |
| | CITY | STATE ZIP CODE |
| Relationship: Connected Organ | ization Affiliated Committee Joint Fundra | aising Representative Leadership PAC Sponsor |
| 7. Custodian of Records: Identify by books and records. | name, address (phone number optional) and p | position of the person in possession of committee |
| Full Name | glas J. Karlar | , , , , , , , , , , , , , , , , , , , |
| Mailing Address | 910 BETTE HUE | # 1042 |
| · L | 170. / 0/50.5 (| |
| <u></u> | winter 2 blings | J KF LZ&7-L&L |
| Title or Position | CITY | STATE ZIP CODE |
| 718954185 | PAC Fins FinJelephone | |
| 8. Treasurer: List the name and addre | ess (phone number optional) of the treasurer of | of the committee; and the name and address of |
| any designated agent (e.g., assistan | nt treasurer). | |
| Full Name O | 49/95 JUSEPH | Kyp/an |
| Mailing Address | 9/0 Beil Ac | <u> </u> |
| ـــ | THOUSE CLONE | 7224 |
| | CITY | STATE ZIP CODE |
| Title or Position | | V(1) 842 1871 |
| | Telephone | number Y |

CITY

STATE

ZIP CODE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

(3/2005)

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** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** 10/22/12 Overnight Delivery Service (Specify): FEG EXP 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):