## 12030740337

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVE

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ONIGHT GEOMAIL CENTER

				1 [ 0 1 1 1 1 1 2									
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5										
Paul Cook for Congres	şs,,,,,,,,,,												
				ليبيبي									
ADDRESS (number and street)	PO Box 365												
(Check if address													
்ட்ப் is changed)	Yucca Yalley GA 92286												
	CITY STATE ZIP CO												
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e	-mail address)											
(Check if address	info@campaignfin	ancial.com, , , , ,											
(Check if address is changed)													
COMMITTEE'S WEB PAGE ADD	DRESS (URL)												
(Check if address													
(Check if address is changed)													
2. DATE 02 107	· 1 2012												
3. FEC IDENTIFICATION NU	JMBER C												
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)											
I certify that I have examined the	Phil Waller	of my knowledge and belief in	is true, correct and	complete.									
Signature of Treasurer	B. Wa		Date 62	08/20/2									
NOTE: Submission of false, errone	•	may subject the person signing ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.									
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FEC FO	in I (hevised 02/2009)	raye z
TYPE OF C	COMMITTEE	
Cendidate	e Committee:	
(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. (Compinformation below.)	lete the candidate
Name of Candidate	Paul Cook	
Candidate Party Affiliati	ion REP Sought: X House Senate President	State CA  District 08
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	mmittee:	
(d)	g g	Democratic, lepublican, etc.) Party.
	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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.	
(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
	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 committees/organizations, at least one of which is an authorized committee of a faderal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number C	on the color and
4.	FEC ID number C	rragiangir aya ayarayar () () () — eeeeee

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Write or Type Committee Name	3	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadershi	p PAC Sponsor
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
Full Name Campa	ign, Financial Services, , , , , , , , , , , , , , , , , , ,	
Mailing Address	[PO <sub>1</sub> Box <sub>1</sub> 30844	
	Bethesda [MD] [20824	
Title or Position	CITY STATE Z	IP CODE
Custodian of Recor	Telephone number 301 - 65	4  -[3220
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nam assistant treasurer).	e and address of
Full Name of Treasurer Phil Wa	aller,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address	735 East Camegie Drive	
	Suite 100	
	San Bernardino CITY STATE Z	P CODE
Title or Position  [Treasurer, , , , , , , ]	Telephone number [909] - [889]	

FEC Form 1 (Revised 02/2009)

Full Name of Designated

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ZIP CODE

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