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FORM

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FEC FORM 1			IEMEN IANIZ <i>I</i>	- -		Office Use Only	
1. NAME OF COMMITTEE (in	full)	(Check is char	if name nged)	Example:If typing, ty over the lines.	ре 12FE4	M5	
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' is changed)	Ĺ	N _i a _i s _i h _i v	<u>i, I, I, e</u>		L L'N	3,7,2,1,1	ا-لىنىا
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COMMITTEE'S WEB	PAGE ADDR	ESS (URL)					
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COMMITTEE'S FAX	NUMBER						,
[6,1,5]-[4,4,5	3,3,4,	8]					
2. DATE 01	1	2010	ದ್⊱ದ 1				
3. FEC IDENTIFIC	CATION NUM	BER		ം എവരുന്നും ആകാരുവരുന് 50916 ജൻ സിത്രമ്യ മ്യോമ്യത്ത്ത	į		
4. IS THIS STATE	MENT	NEW (N)	OR	X AMENDED			
I certify that I have	examined this	Statement and	d to the best	of my knowledge and b	pelief it is true, co	rrect and complete.	
Type or Print Name	of Treasurer	Mike Ain		//	 7		
Signature of Treasure	er /	///K	esti	MAS	Date	M3 M3 / 128	2010
NOTE: Submission of		-		may subject the person sl ON SHOULD BE REPOR			2 U.S.C. §437g.
Office Use Only				For further inform Federal Election Co Toll Free 800-424-9 Local 202-694-1100	ommission 9530	FEC FC (Revised	

	FEC Fo	rm 1 (Revised 12/2007)	Page 2			
		COMMITTEE				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	rest					
, ,	(b)i This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Nam Can	e of didate	1				
	didate y Affiliati	on Office Sought: House Senate President	State			
(c)		· This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Nam Cand	e of didate					
Par	ty Con	nmittee:	· · · · · · · · · · · · · · · · · · ·			
(d)	7 % 7 %		emocratic, epublican, etc.) Party.			
Poli		action Committee (PAC):				
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:			
			Labor Organization			
		Membership Organization	Cooperative			
(f)	(7-7) (2-2)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segr committee. (i.e., nonconnected committee)	regated fund or party			
		red				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t 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 federal candidate.	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.	or more political			
	Com	mittees Participating in Joint Fundraiser				
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	2.	The in turber of	 			
	3.	FEC ID number C				
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	5.					
	J.		arantanian ratio			

Mrita or Tima Committee Name

N	/rite	or	Type	Committe	e Name
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6.	Name of Any Connected C	Organization, Affiliated Committee	e, Leadership PA	Sponsor or Joint	Fundralsing Representative
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LA	surion Co	r p o r a t i o n	11111		
	Mailing Address	6 4 8 G r a s s m	ere Par	k	
		Suite 300			
		N a s h v i I I I e		L T _I N	37211-
		CITY		STATE	ZIP CODE
	Relationship: Connected Organization	Affiliated Committee	Leadership PAC	Sponsor j	oint Fundraising Representative
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone nu	mber optional) ar	nd position of the p	person in possession of committee
	Full Name Mik	e _{l I} A _{l İ I} N I I I I I I I I I I I I I I I I I I			
	Mailing Address	$A_{s_i}u_ir_ii_io_in_iC_io_i$	r _ı p _ı o _ı r _ı a _ı t _ı i	o,n, L, I	
		6,4,8, Grassm	e _i r _i e _{i i} P _i a _i r	, k , , , , ,	
		N ₁ a ₁ s ₁ h ₁ v ₁ i ₁ l ₁ l ₁ e ₁		I TIN	3,7,2,1,1 -
	Title or Position	CITY		STATE	ZIP CODE
	T _i r _i e _i a _i s _i u _i r _i e _i r _i		Telepho	one number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optio assistant treasurer).	nal) of the treasure	or of the committee	; and the name and address of
	Full Name of Treasurer M i, k, e	e A, i , n , , , , , , , , , , , , , , , ,			
	Mailing Address	A s u r i o n C o	r _i pioiriaitii	; 0	
		6, 4, 8, , G r, a, s, s, m, e	e _i r _i e _{i i} P _i a _i r	, k , , , , ,	
	Title or Position	[N, a, s, h, v, i, I, I, e, , CITY		T,N STATE	ZIP CODE
	T ₁ r ₁ e ₁ a ₁ s ₁ u ₁ r ₁ e ₁ r ₁		Telepho	one number	حجيا-لنجا-ليب
FE3/					

CITY

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ZIP CODE

ZIP CODE

ZIP CODE

STATE

FEC Form 1 (Revised 12/2007)

Full Name of Designated Agent

Mailing Address

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PREPARER

(3/2005)

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DATE PREPARED