FEC FORM 1

STATEMENT OF ORGANIZATION

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FEG MAIL CENTER

FORM 1							d iii	ec.ma	L CENTER
1. NAME OF COMMITTEE (in	n full)		ck if name anged)		ole:If typing, type he lines.	12FE	-,-,		
CAVPAC							11.1	1111	
	<u>. l . l . l . l . </u>			1 1 1 1		1 1 1 1 1	1 1 1		
ADDRESS (number a	nd street)	P.O. E	30x 248	5				<u> </u>	
(Check if a is changed)		Spring	field			<u>, VA</u>	22	152	
				CITY		STATE		ZIP CO	DDE
COMMITTEE'S E-MA	address	SS (Please pro			ess) htricoffice	.com			
is change	od)			111				1111	
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)			entra de la companya				
(Check if is change	d)								
2. DATE	<u>" 31</u>	201	2.		. , , .	• •			
3. FEC IDENTIFIC	CATION NU	JMBER	С						
4. IS THIS STATE	MENT 🔀	NEW (N)	OR		AMENDED (A)			
I certify that I have	examined th	is Statement a	and to the bes	t of my kn	owledge and beli	ef it is true, co	orrect and	complete.	
Type or Print Name	of Treasure	Robe	rt F. Ca	arlin					
Signature of Treasury	er 🗶	ober	t0(Dr.	lis	Date	01" ′	31° ′	2012
NOTE: Submission of		•			ct the person signi	_	•	penalties of	2 U.S.C. §437g.
Office Use Only	·? .			F	or further information design of the community of the com	mission		FEC FO (Revised 0	

CANE CAROLINALIA (CALA)



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TYPE	OF C	ОММІТТЕЕ	
Cen	didate	e Committee:	
(a)	Ц	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
Name Candi			
Candi Party	id ate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			1 1 1 1 1
Part	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	emocratic, epublican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	·
(f)	\times	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	t Fund	Iraising 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	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.	[· · · · · · · · · · · · · · · · · · ·

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Write or Type Committee Nam	ie e	
CAVPAC		•
6. Name of Any Connected	Organization, Affillated Committee, Joint Fundralsing Representative, or	Leadership PAC Sponsor
Miles Dames		
Mike Pompeo		
Mailing Address	[P.Q. Box 780146	
-		
	Wichita	67278 -
	CITY STATE	ZIP CODE
_	5	- 0001
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	e Kleadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the personal	on in possession of committee
₁ Robe	rt F. Carlin	,
Full Name		
Mailing Address	P.O. Box 2485	
	Springfield	22152
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number [703]	569,9400 ,
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; an assistant treasurer).	d the name and address of
Full Name of Treasurer	rt F. Carlin	
Mailing Address	P.O. Box 2485	
	Springfield	
	CITY STATE	ZIP CODE
Title or Position	1709	1 1560 1 10400 1
Treasurer	Telephone number	

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Full Name of Designated	· 1	
Agent		<u> </u>
Mailing Address		
		لحسسسا
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Branch Banking & Trust 1909,K, Street, NW. Washington	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
		لـــا-لـــا
	CITY STATE	ZIP CODE

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** Overnight Delivery Service (Specify): **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): 2/6/12 DATE PREPARED