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STATEMENT OF **ORGANIZATION**

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FORM 1								Office Use O	nlv	
NAME OF COMMITTEE (in	n full)	(Check	k if name nged)		ple:If typing, type the lines.	12F	E4M5		<u>.y</u>	
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ADDRESS (number and street)		14006	Palawa	n W	ay	1 1 1 1	1 1 1		1 1 1	
ADDRESS (number and street) (Check if address is changed)		PH 19	1 1 1 1	1 1 1		1 1 1 1	1 1 1			
		Marina	Del Re	Ş Y, ,		CA	9	0292		
				CITY		STATE		ZIP	CODE	
COMMITTEE'S E-MA	AIL ADDRES		-							
(Check if	address	contac	t@vote	step	henforco	ngress	.com		لللل	
is change		سسا			 			1-1-1		لبب
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)								
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(Check if address is changed)			111		 		<u> </u>			لـــــا
2. DATE 3	™ ′ 1³3	° ′ 2011	, *							
3. FEC IDENTIFIC	CATION NU	JMBER	C To	be A	Assigned					
4. IS THIS STATE	MENT X	NEW (N)	OR		AMENDED (A	۸)				
I certify that I have	examined th	is Statement an	nd to the best	t of my ki	nowledge and beli	ief it is true,	correct ar	nd complete	e.	
Type or Print Name	of Treasure	Jonath	nan Ho	feller						
Signature of Treasur	er (formille	ffal	<u> </u>		Date	3 ™	′ 13°	′ 20 ′	11 °
NOTE: Submission of		•			ect the person sign	=		e penalties	of 2 U.S.(C. §437g.
Office Use Only				[1	For further informati Federal Election Comi Toll Free 800-424-953	mission			ORM d 02/2009)	

	FEC	For	m 1 (Revised 02/2009)	Page 2	•		
5.	TYPE OF COMMITTEE						
			Committee:				
	(a) [×	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)	Ţ	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate			
	Name of Candida		Stephen Eisele		ا		
	Candida		on REP Office House Senate President	State CA			
	Party Af	illatic	on REP Sought: X House Senate President	District 36			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candida			111111	J		
	Party f	Com	mittee:		_		
	(d) [· · ·	(Democratic, Republican, etc.) Party.			
	Politica	ai A	ction Committee (PAC):		-		
	(e) [This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a	1:		
			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 se committee. (i.e., nonconnected committee)	egregated fund or party			
			In addition, thie committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint F	und	raising Representative:		•		
	(9)]	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political			
	,	omi	mittees Participating in Joint Fundraiser				
	•	<i>-</i> 01111					
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	2	2.	FEC ID number C				
	3	3.	FEC ID number C				
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FEC Form 1 (Revised	d 02/2009)	Page 3				
Write or Type Committee Na		. 490 0				
Eisele for Cong						
	l Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor				
Mailing Address						
		ـــا-لــــا				
	CITY STATE	ZIP CODE				
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor						
 Custodian of Recdtds: Id books and records. 	dentify by name, address (phone number optional) and position of the person in po	ossession of committee				
Full Name Jona	ithan Hofeller	<u> </u>				
Mailing Address	2012 Marshallfield Lane					
•	Unit B					
	Redondo Beach CA 9027	78				
Title or Position	CITY STATE	ZIP CODE				
Custodian of Re	ecords Telephone number [617] - [7	784 - 2784				
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the n., assistant treasurer).	ame and address of				
Full Name of Treasurer Jona	athan Hofeller					
Mailing Address	2012 Marshallfield Lane					
	Unit B	ليتنينا				
	Redondo Beach CITY STATE	78 - ZIP CODE				
Title or Position	·	⁷ 84, -[278 4 ,				

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PREPARER (3/2005)	DATE PREPARED					