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STATEMENT OF **ORGANIZATION**

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								C Office Us	a_Only	X2 T 3= -a.
1. NAME OF COMMITTEE (in	n full)		ck if name anged)		mple:If typing, type the lines.	121	Ė4M	5 		ENTER
Friends	I OF D	OTE	OIT C	121418	BIPACI	1 1 1				
ADDRESS (number a	nd street) 2. 0	161101	%19 111					4-1-4-4		
(Check if is change	address L								لللا	
	6	CITY	sie Po	1111	TRIFIAN MS	STAT		1482	ZIP CC	DDE 🛦
COMMITTEE'S E-MA	AIL ADDRESS							1		
(Check if is change		TIL	nd s of	Det	ROITGL	Ne	، اکار) <u>M</u>		
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COMMITTEE'S WEE	PAGE ADDRE	SS (URL)								
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2. DATE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	[3]							
3. FEC IDENTIFIC	CATION NUMB	IER ►	CU	0,5	4.9931					
4. IS THIS STATE	MENT	NEW (N)	OR	2	AMENDED (A)					
I certify that I have	examined this S	statement a	and to the best	of my i	nowledge and belief	it is true	, correc	ct and comp	olete.	
Type or Print Name	of Treasurer						***			
Signature of Treasur	er					Date	M	м / го		h all after the angular
NOTE: Submission of					ject the person signing				ies of 2 l	U.S.C. §437g.
Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100				FOR	

	F	EC For	m 1 (Revised 02/2009)	Page 2							
5.	TYPE	OF C	OMMITTEE								
	Can	didate	Committae:								
	(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. (Compleinformation below.)	ete the candidate							
	Name Candi	-									
	Candi Party	idate Affiliatio	Office Sought: House Senate President	State							
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Candi			11111							
	Party Committee:										
	(d)			Democratic, epublican, etc.) Party.							
	Political Action Committee (PAC):										
	(e)	Z	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							
			.73	Cabor Organization							
			Membership Organization	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 segrommittee. (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	raising Representative:								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political							
		Care il	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 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	ering, sea nny and grantery at engineering							
		2.	FEC ID number C	and for the second second second second							
		3.	FEC ID number								
		4.									

FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na	ame	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
Firmenous 1015	7 DOHROLH CILIUBI I I I I I I I	
Mailing Address	136 1/1018191 1 PI-101 1 BIOX1 1 1 1 1 1	
	BINDISISIEI POINHEI FARMSII	
•	0 / .	M/1 14.8.2361-
		STATE ZIP CODE
Relationship: Vonne	cted Organization Affiliated Committee Joint Fundraising Re	epresentative Theadership PAC Sponso
	П	
7. Custodian of Records: books and records.	dentify by name, address (phone number optional) and position	of the person in possession of committee
Full Name Tie i	MAIN JONAS	
Mailing Address	115075 Cimcolin Rd A.P.	
Maining Address	,	
	Oak Park	MU 482371-
Title or Position	, ,	TATE ZIP CODE
	-	-
Decretar	7 Telephone numbe	1 17-1926-12/199
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the co	ommittee; and the name and address of
Full Name of Treasurer		
Mailing Address		
Title or Position	CITY	TATE ZIP CODE
	Telephone number	, <u> </u>

<u> </u>	FEC Form	1 (Revised 02/2009)	Page 4
	Full Name of Designated Agent		
ı	Mailing Address	· L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	4		
50	: M	CITY STATE	ZIP CODE
	Title or Position	Telephone number	
	Name of Bank, [exes or maintains funds. Depository, etc.	
	Mailing Address		
Ż,	~ 1	CITY STATE	ZIP CODE
	Name of Bank, [Depository, etc.	
28°	me	<u> </u>	
	Mailing Address		
_		CITY STATE	ZIP CODE .



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Label 228, January 2008

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