FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 APR 27 AM 11: 42

			FEU	Orice Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
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		1 1 1 1 1 1 1 1 1 1	<u> </u>	
ADDRESS (number and street)	Po Bax 5	66.	<u> </u>	
(Check if address		·		
is changed)	Douglas		m1 4	49406-
	-	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only on	e e-mail address)		
(Check if address	Milkelobini	en for Congre	LISISIBISIMI	aill Com
is changed)		<u> </u>		
COMMITTEE'S WEB PAGE ADD	ORESS (URL)			
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2. DATE 0 4 2	2 2012			
3. FEC IDENTIFICATION NU	имвек С	e magnituse, menggrin gelek goken pakangakan E Pangahan Bekasah sebahan dan diberahan ke		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the b	est of my knowledge and belief i	it is true, correct a	and complete.
Type or Print Name of Treasurer	Mila, O	Bren		
Type of Fill (value of floadstel				
Signature of Treasurer	TIMO -		Date 04	22 2012
• •	•	ion may subject the person signing ATION SHOULD BE REPORTED V		ne penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

5.

	-	OMMITTEE
Cand	idate	e Committee:
(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. (Complete the candidate information below.)
Name Candid		Mike oBruen
Candid Party /		on DEM Office State Sought: House Senate President District
(c)	3.30 4.35	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candid		
Party	Con	nmittee:
(d)	ji . Had	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
Politi	cal A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.
(f)	.10	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Func	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number (C)
	3.	FEC ID number C
	4	

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Write or Type Committee N		raye u
	·	
6. Name of Any Connecto	ed Organization, Affiliated Committee, Joint Fundralsing Representative, or	Leadership PAC Sponsor
Mone		
Mailing Address		
		710 0005
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: books and records. 	Identify by name, address (phone number optional) and position of the personal	on in possession of committee
Full Name Mili	Ke obrien	
Mailing Address	Pio Bioixi 1516161 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
·		
		49406-
·	Diowigiliais 11111111111111111111111111111111111	
Title or Position	CITY STATE	ZIP CODE
Candoldat	Telephone number Z6	91-139,71-10543
8. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; an g., assistant treasurer).	d the name and address of
Full Name of Treasurer	KIEI OBINIEMIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Mailing Address	PO BOX 566	
	Dioivigitiais	4.9H.66-
Title or Position		
MUNGISIUNE	Telephone number Z.6	1-397-6543

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Full Name of Designated Agent	lith Charak		+++++++++++++++++++++++++++++++++++++++
Mailing Address	PO BOX 566		
	DIONGILMOIT	STATE	ZIP CODE
Title or Position			•
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(3/2005)