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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Congressional Committee on Eurasian Affairs 20 F ST NW FL 7 ADDRESS (number and street) (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS CCEA@LOBBYIST.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00572677 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. CARY L PETERSON Type or Print Name of Treasurer CARY L PETERSON [Electronically Filed] 02 12 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE  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. (Compinformation below.)	lete the candidate
Nam Cand	e of didate		
	didate y Affiliati	on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	Dama avatia
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization X Trade Association	Cooperative
		X In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		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.)	
Join	nt 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	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

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	Vrite or Type Committee Name		
_	Congressional (	Committee on Eurasian Affairs	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
A	merican Diplomatic N	Mission for World Peace	
	Mailing Address	66 Sumo Village Court	
	J		
		Newark	07114
		CITY STATE	ZIP CODE
	_		_
	Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the pers	on in possession of committee
		ETERSON	
	Full Name		
	Mailing Address	848 N RAINBOW BLVD	
		UNIT 3419	
		LAS VEGAS	89107
	Title or Position	CITY STATE	ZIP CODE
	EXECUTIVE DIRECTOR	Telephone number	.  -   -
		Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; are assistant treasurer).	nd the name and address of
	Full Name CARY L PI	ETERSON	
	of Treasurer		
	Mailing Address	848 N RAINBOW BLVD	
		UNIT 3419	
		LAS VEGAS   NV	89107
		CITY STATE	ZIP CODE
	Title or Position EXECUTIVE DIRECTOR	Tolophono number	-  , ,  -  , , ,
		Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE :	ZIP CODE
Title or Position		1 1
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds ixes or maintains funds.  Depository, etc.  Bank of Guam	accounts, rents
safety deposit bo	xes or maintains funds.  Depository, etc.	accounts, rents
safety deposit bo Name of Bank, D	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CA  94104	zip code
safety deposit bo Name of Bank, D	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CITY  STATE	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CITY  STATE	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CITY  STATE  Depository, etc.	
safety deposit bo Name of Bank, D Mailing Address  Name of Bank, D	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CITY  STATE  Depository, etc.	
safety deposit bo Name of Bank, D Mailing Address  Name of Bank, D	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CITY  STATE  Depository, etc.	

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor ROBERT PETERSON FIELDS ASSOCIATES PLLC 9465 Wilshire Boulevard Mailing Address **BEVERLY HILLS** 90212 CA **CITY** STATE 4 ZIP CODE Relationship: **Connected Organization** Joint Fundraising Representative Leadership PAC Sponsor Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number