FEC FORM 1

## STATEMENT OF **ORGANIZATION**

			<u> </u>	Office Use Only			
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5				
Encore, Cap	i, t <sub>i</sub> a, I, <sub>I</sub> G, r, o, u, p	,, ,1,n,c,,, , ,					
[P, o, I, i, t, i, c, a, I, , ,	A <sub>i</sub> c <sub>i</sub> t <sub>i</sub> i <sub>i</sub> o <sub>i</sub> n <sub>i i</sub> C <sub>i</sub> o <sub>i</sub> m	ımı i ıtıtıeıeı					
ADDRESS (number and street)	3, 1, 1, 1, , C, a, m, i	nio, iDieili iRiijo	Nort	<u>h, , , , , , , , , , , , , , , , , , , </u>			
(Check if address	$[S_{_{\!1}}u_{_{\!1}}i_{_{\!1}}t_{_{\!1}}e_{_{\!1}},1,3,0_{_{\!1}}0_{_{\!1}},$						
is changed)	[S, a, n, D, i, e, g, o, , , , , , ] [C,A] [9, 2, 1, 0, 8] - [, , , ]						
		CITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e	-mail address)					
(Check if address	G I, e, n, ., F, r, e, t, e, r,@M,C,M,C,G,.,C,O,M, , , , , , , , , , , , , , , ,						
is changed)	Liliani	<u> </u>	1 1 1 1 1 1				
COMMITTEE'S WEB PAGE ADD	DRESS (URL)						
		1 1 1 1 1 1 1 1 1 1 1	<u> </u>				
(Check if address is changed)			<u> </u>				
2. DATE 12 06	2011						
3. FEC IDENTIFICATION NU	IMBER C						
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)					
I certify that I have examined the	is Statement and to the best	of my knowledge and belief it	is true, correct	and complete.			
Type or Print Name of Treasurer	Glen Freter						
•	10 . 7		y_ **	3			
Signature of Treasurer	De Uto	<u></u>	Date 12	06 2011			
NOTE: Submission of false, erroned	•	may subject the person signing to		the penalties of 2 U.S.C. §437			
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)			

1 20	rom r (nevised 02/2009)				raye z		
	F COMMITTEE						
Candid	late Committ <del>e</del> e:						
(a)	This committee is a principal cam	paign committee. (Complete	the candidate info	rmation below.)			
(b)	This committee is an authorized of information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidat	1				1111		
Candidat Party Aff		: House	Senate	President	State District		
(c)	This committee supports/opposes	only one candidate, and is	NOT an authorized	committee.			
Name of Candidate	e [			11111			
Party C	committee:						
(d)	This committee is a	(National, State or subordinate) com	mittee of the	•	mocratic, publican, etc.) Party.		
Politica	I Action Committee (PAC):		The state of the s				
(e) ;	This committee is a separate segr	regated fund. (Identify conne	cted organization of	n line 6.) Its connec	ted organization is a:		
	X Corporation	Corporatio	n w/o Capital Stock	La	abor Organization		
,	Membership Organization	Trade Asse	sciation	C	coperative		
	In addition, this con	nmittee is a Lobbyist/Registr	ant PAC.				
(1)	This committee supports/opposes committee. (i.e., nonconnected com		ndidate, and is NOT	a separate segre	gated fund or party		
	In addition, thie committee i	s a Lobbyist/Registrant PAC					
	In addition, this committee i	s a Leadership PAC. (Identil	y sponsor on line 6.	•			
Joint Fu	indraising 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 contribution committees/organizations, none of v				more political		
C	ommittees Participating in Joint Fu	ndraiser					
1.			FEC ID numb	oer C			
2.		1111111	FEC ID numb	er C			
3.		<u> </u>	FEC ID numb	per C			
4.	·   ;       <u>                            </u>		FEC ID numb	er C			

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Write or Type Committee Name						
Encore Capital Group, Inc.	Political Action Committee					
	Organizःसोठा, Affilialed Conmittee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor				
Encore Cap	i t a 1   G r o u p ,   1 n c .					
Mailing Address	3; 1 1 1   C a m i n o   D e 1   R i o   N o r t h					
	San Diego	0,8]-[				
	CITY STATE	ZIP CODE				
Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor				
. Custodian of Records: idea books and records.	ntify by name, address (phone number optional) and position of the person in po	ssession of committee				
Full Name T, r, e	a <sub>ı</sub> s <sub>ı</sub> u, r <sub>ı</sub> e, r <sub>ı</sub> , , , , , , , , , , , , , , , , , , ,	لحبيب				
Mailing Address						
Title or Position	CITY STATE	ZIP CODE				
<u> </u>	Telephone number					
Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of				
Full Name of Treasurer  G I e t	n, ,F,r,e,t,e,r, , , , , , , , , , , , , , , , , ,					
Mailing Address	[ 3, 1, 1, 1, , C, a, m, i, n, o, , D, e, I , , R, i, o, , N, o, r, t, h, ,					
		لىبىبى				
<b>-</b>	S, a <sub>1</sub> , n <sub>1</sub> , D, i <sub>1</sub> , a <sub>1</sub> , g <sub>1</sub> , o <sub>1</sub>	0 8 - L				
Title or Position	0.1.1.8.5. 18.5.81-15	.6.01-13.5.8.11				

CITY

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ZIP CODE

STATE

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Full Name of Designated

## **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):