## STATEMENT OF ORGANIZATION

RECEIVED - 2012 APR 16 AM 11: 54

FORM 1		——————————————————————————————————————		FEC.MALL CENTER		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M	15
L <sub>1</sub> y <sub>1</sub> n <sub>1</sub> n <sub>1</sub> <sub>1</sub> W <sub>1</sub> a	ı <u>rıdılıe</u>	ı for Gon	g <sub>i</sub> r <sub>i</sub> e <sub>i</sub> s	S <sub>1</sub> S <sub>1</sub> . <sub>1</sub> l <sub>1</sub> n <sub>1</sub> C <sub>1</sub> . <sub>1</sub>	<del>-   -   -  </del>	
ADDDESS (		3,3,5,9, Che	ri oi ki			
ADDRESS (number and street)  (Check if address is changed)			II OI NI		<del> </del>	
		Pirioivioi			U <sub>1</sub> T	8.4.6.0.4]-
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	S (Please provide only one	e-mail add	iress)		
(Check if is change		Lwear ridilier lim		ahoo laar		
COMMITTEE'S WEB	PAGE ADD	RESS (URL)			1	
(Check if is changed		Liyininiwairidi	l 1 <b>e</b> 1.11	CIOIMIIII		
2. DATE 0.	4 0 3	2 0 1 2				
3. FEC IDENTIFIC	CATION NU	MBER C	0 5	1 79 1 2		_
4. IS THIS STATE	MENT N	NEW (N) OR		AMENDED (A)		
I certify that I have a	of Treasurer		est of my l	knowledge and belief it	is true, corre	act and complete.
Signature of Treasure	er 🚄	Sordon W (	De le	<u>~</u>	Date 0	4 0 3 2 0 1 2
NOTE: Submission of		ous, or incomplete information				to the penalties of 2 U.S.C. §437g.
Office Use Only				For further Information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
		OMMITTEE			
	mabibi K	Committee: This committee is a principal campaign committee. (Complete the candidate information below			
(a)					
(b)	U	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name of Candidate Ly, n, n, D, War, dle,				
Cand Party	lidate Affiliati	on Rep Office Sought: A House Senate President	State <u>UT</u>		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand					
Part	у Сал	nmittee:	_		
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Poli	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) its co	nnected 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.			
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., noncommected committee)			
		In addition, this committee is a Linbylet/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	•		
Joint Fundraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	two or more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political		
Committees Participating in Joint Fundraiser					
	1.				
٠	1. 2.				
	3.	i			
	4.	PEC ID number C	أحابها بباريا ساباي		

! 	FEC Form 1 (Revis	ised 02/2009)	Page 3		
Write or Type Committee Name					
_					
6.	Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadersh	ip PAC Sponsor		
L					
L					
	Mailing Address		11111		
	· -				
		CITY STATE :	ZIP CODE		
	Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor		
7.	Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person in poss	ession of committee		
	IL. V	ınını, ıDı. ıWarıdılıe, , , , , , , , , , , , , , , , , , ,			
		B <sub>1</sub> 3 <sub>1</sub> 5 <sub>1</sub> 9 <sub>1</sub>   Ch <sub>1</sub> e <sub>1</sub> r <sub>1</sub> o <sub>1</sub> k <sub>1</sub> e <sub>1</sub> e <sub>1</sub>   L <sub>1</sub> a <sub>1</sub> n <sub>1</sub> e <sub>1</sub>   L <sub>1</sub>   L <sub>1</sub> a <sub>1</sub> n <sub>1</sub> e <sub>1</sub>   L <sub>1</sub> a <sub>1</sub> n <sub>1</sub>	<u> </u>		
	Mailing Address				
		P1r101V10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0. 4l - l , , ,		
	Title or Position	CITY STATE 2	ZIP CODE		
	[ C a, n, d, i, d, a, t	t <sub>1</sub> e Telephone number [8 <sub>1</sub> 0 <sub>1</sub> 1] - [3 <sub>1</sub>	7, 5, - [9, 5, 9, 1		
8.	Treasurer: List the nam any designated agent (	ne and address (phone number optional) of the treasurer of the committee; and the nar e.g., assistant treasurer).	ne and address of		
	Full Name of Treasurer G o	o <sub>i</sub> ridioini iCirieieiri i i i i i i i i i i i i i i i			
	Mailing Address	$[3, 5, 6, 5, N_1, F, o, o, t, h, i, l, l, D, r, i, v, e, f, f,$			
		PITIO VIOLILIA DI STATE	014 - LILL ZIP CODE		
	Title or Position	e r Telephone number 8 0 1 - 3	4 1 - 0 5 22		
1	II II CIAI 3 I II I	OIT TOOPHONG NAMES			

FEC Form 1 (R	evised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			لىسىبىسا
	Lagrandia		
	СПУ	STATE	ZIP CODE
Title or Position	Teleph	none number	لــــا-لـــا
safety deposit boxes of Name of Bank, Deposi			
Mailing Address	1:0:6:0   North h   Umitvie	risitiyi i Ai v	le
		<u> </u>	
	Pirioivioi IIIIIIIIIII	דיטן עי	814161014-
	СПУ	STATE	ZIP CODE
Name of Bank, Deposi	itory, etc.		,
ــــــــــــــــــــــــــــــــــــــ			
Mailing Address		<del></del>	لتستست
		لبا لب	السلا-السلا
	CITY	STATE	ZIP CODE

Federal Election Commissio ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to income	MING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C) イ/୧/1ン
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature	Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	· · · · · · · · · · · · · · · · · · ·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bu	usiness Day Delivery
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
Other (Specify):	e of Receipt or Postmarked
Chu ()	4/14/12
(3/2005)	DATE PREPARED
•	