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Use

Only

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SCHATE PUBLIC REC. ALS

14 JAN 30 mice Use only

<u>.</u>			Light And Source Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
TIONY DIETTORY	71 IFIOIRI ISIEINIA	171E1 1 1 1 1 1 1 1	
ADDRESS (number and street)	P1.101.1 1810,X1	151012161 1 1 1 1	
(Check if address is changed)		<u> </u>	
v ,	FIAILIMIOIUITIHI CITY		
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	CIAIMIPIAII IGINIM	1AINIAIGIEIRI@TIOIN	YDETORALLCOM
,	Optional Second E Mail Ad	dress	
COMMITTEE'S WEB PAGE ADI (Check if address is changed)			
2. DATE 0 1 2	5 2017		
3. FEC IDENTIFICATION N	JMBER ▶ C		
4. IS THIS STATEMENT >	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	ANTHONY D.	e Tork	,
Signature of Treasurer	<u> </u>		Date 01 25 2014
NOTE: Submission of false, errone		may subject the person signing ION SHOULD BE REPORTED W	this Statement to the penalties of 2 U.S.C. §437g.
Office		For further information of	

For further Information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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5.	TYPE OF Co	OMMITTEE Committee:		
	(a) X	This committee is a principal campaign committee. (Complete the	candidate information below	v.)
	(b)	This committee is an authorized committee, and is NOT a princip information below.)	al campaign committee (Co	mplete the candidate
	Name of Candidate	AINITIHIOINTI DEITIOIRIAI	1 1 1 1 1 1 1	
	Candidate Party Affiliation	n REP Office House X s	enate President	State VA
	(c)	This committee supports/opposes only one candidate, and is NOT	an authorized committee.	
	Name of Candidate		11111111	
	Party Com			
	(d)	This committee is a (National, State or subordinate) committee	e of the	(Democratic, Republican, etc.) Party
	Political A	ction Committee (PAC):		
	(e)	This committee is a separate segregated fund. (Identify connected	organization on line 6.) Its co	onnected organization is a:
		Corporation Corporation w/	o Capital Stock	Labor Organization
		Membership Organization Trade Association	on .	Cooperative
		In addition, this committee is a Lobbyist/Registrant F	AC.	
	(f)	This committee supports/opposes more than one Federal candida committee. (i.e., nonconnected committee)	te, and is NOT a separate	segregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify spi	onsor on line 6.)	
	Joint Fund	raising Representative:		
	(g)	This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized contribution.	•	•
	(h)	This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee		two or more political
	Comr	nittees Participating in Joint Fundraiser		
	1.		FEC ID number C	
	2.		FEC ID number C	
	3.		FEC ID number C	
	4.		FEC ID number C	

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Write or Type Committee Na	me	
		<u> </u>
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
MOMELLI		
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
	· · · · · · · · · · · · · · · · · · ·	
Custodian of Records: In books and records.	dentify by name, address (phone number optional) and position of the person in po-	ossession of committee
Full Name A N	THONY DIETORIA I I I I I I I I I I I I I I I I I I	*
Mailing Address	[P1.101.1 B101X1 15101216] 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
S		1 1 1 1
	[FIAILIMIO]U[T]H] VA [2,2]	1016-111
Title or Position	CITY STATE	ZIP CODE
TREASIURE	R	6,5,6]-12,6,0,5
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the r ., assistant treasurer).	name and address of
Full Name of Treasurer	HIONY, Die, TIOIRIAI	
Mailing Address	[P1.101.1 B101X1 1510, Z161 1 1 1 1 1 1 1 1 1 1 1	
	1	111111
	F,A,L,M,O,U,T,H, 11 V,A [2,2,5	106-
Title or Position	CITY STATE	ZIP CODE
TREASIURE	(1) Telephone number (5, 4,0) - (6,5,6 - 2,6,0,5

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402002

DANA K. MECALLUM SUPERINTENDENT

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WASHINGTON, DC 20510-7116
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:
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