FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 JAN 25 PM 4: 29

Office USE FIR MAIL CENTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Strickland for Congress	2012		
			
	603 E Alton Ave STE I	<u> </u>	
ADDRESS (number and street)			
(Check if address is changed)	Santa Ana		CA 92705
		CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRE	:SS (Please provide only one e	-mail address)	
CIMINITY TEE O E-MAIL ADDITE	raylysa@aol.com	-mail addressy	
(Check if address		 	
is changed)			
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)			
. DATE 01 2	4 2012		
3. FEC IDENTIFICATION N	UMBER C	er i Stevenski projektion Projektion	
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	his Statement and to the bes	t of my knowledge and belief	f it is true, correct and complete.
Type or Print Name of Treasure	er <u>Lysa Ray</u>		
Signature of Treasurer	Arpaker	/	Date 01 24 2001
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATE	, .	g this Statement to the penalties of 2 U.S.C. §43 WITHIN 10 DAYS.
Office Use		For further information Federal Election Commit Toll Free 800-424-9530	

5.

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Party	/ Com	mitte	e:		•											•		•									
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Write or Type Committee N		
Strickland for Congres	ss 2012	
i. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
None		
Mailing Address		
	CITY STATE	ZIP CODE
	SIAIL	ZIF CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representati	Leadership PAC Sponso
 Custodian of Records: books and records. 	s: Identify by name, address (phone number optional) and position of the per	son in possession of committee
Full Name	e 	
Mailing Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		
Title or Position	CITY STATE	ZIP CODE
Title or Position	CITY STATE Telephone number	ZIP CODE
Treasurer: List the nam	1	
Treasurer: List the name any designated agent (e	Telephone number ne and address (phone number optional) of the treasurer of the committee; a	
Treasurer: List the nam any designated agent (e	ne and address (phone number — optional) of the treasurer of the committee; a (e.g., assistant treasurer).	
3. Treasurer: List the nam any designated agent (experiment) Full Name Lysa of Treasurer	Telephone number ne and address (phone number optional) of the treasurer of the committee; a (e.g., assistant treasurer). a Ray 603 E Alton Ave STE H	nd the name and address of
3. Treasurer: List the nam any designated agent (effective full Name of Treasurer	Telephone number ne and address (phone number optional) of the treasurer of the committee; at e.g., assistant treasurer). a Ray 603 E Alton Ave STE H Santa Ana CA	nd the name and address of
3. Treasurer: List the nam any designated agent (effective full Name of Treasurer	Telephone number ne and address (phone number optional) of the treasurer of the committee; a (e.g., assistant treasurer). a Ray 603 E Alton Ave STE H	nd the name and address of

FEC Forr	n 1 (Revised 2/2009)	Page 4
Full Name of		
Designated Agent	None	
Mailing Address		
	CITY STATE ZIP	CODE
Title or Position	Telephone number	
Banks or Other safety deposit b Name of Bank,	r Depositories : List all banks or other depositories in which the committee deposits funds, holds acc oxes or maintains funds. Depository, etc.	counts, rents
Mailing Address		
]-[]
	CITY STATE ZIP	CODE
Name of Bank,	Depository, etc.	
Mailing Address		
		<u></u>
	CITY STATE ZIP	CODE

(3/2005)

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 1/24/12-UPS 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): **PREPARER** DATE PREPARED