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FEC FORM 1		STATEMENT OF ORGANIZATION				Office Use Only		
1. NAME OF COMMITTEE (in	full)	(Check if nam is changed)		nple:If typing, type the lines.	12FE41	45		
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			CITY		STATE	ZIP CODE		
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2. DATE 💍 (, , , , , , , , , , , , , , , , , , ,	1106 4						
3. FEC IDENTIFIC	CATION N	UMBER C	, 000 to	13213				
4. IS THIS STATE	MENT	NEW (N) O	R >	, AMENDED (A)				
I certify that I have e	xamined ti	nis Statement and to the	best of my	nowledge and belief	it is true, com	ect and complete.		
Type or Print Name	of Treasure	Lorgine	Cood	V)//				
Signature of Treasure	er De				Date O	6 14 2011		
NOTE: Submission of	false, erron	eous, or incomplete inform	•			t to the penalties of 2 U.S.C. §437g. YS.		
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

FEC Form	n 1 (Revised 02/2009)	<u></u>				······································	Page	
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(a) ×	This committee is a p	orincipal campai	ign committe	e. (Complete	the candidate	information below	N.)	
	This committee is an information below.)	authorized com	nmittee, and	is NOT a pri	ncipal campaiç	gn committee. (Co	mplete the can	didate
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Party Affiliation	u DC 161	Sought:	X) Ho	use	Senate	President	District	3
(c)	This committee suppo	orts/opposes ori	ifv one candi	date, and is	NOT an autho	rized committee.		
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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Title or Position

Page 3

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FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent	Signal Color		
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
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PREPARER (3/2005)	DATE PREPARED