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FEC FORM 1

Office

Use

Only

STATEMENT OF ORGANIZATION

RÉCÉIVED FEC MAIL CENTER

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FEC FORM 1

(Revised 12/2007)

						Office L	lse Only	
1. NAME OF COMMITTEE (in	ı full)	(Check if is change		Example:If typing, type over the lines.	12FE	4M5		<u> </u>
UNITED	<u> </u>	ATES	ADVE	ENTISTS 9	EDE	RAL	PA	CLI
			1111			1111		
ADDRESS (number a	nd street)	929	SW	1574 5	TREC	57		
(Check if a is changed)		DEER	Fiel	D BEACH	H	33	<i>44</i> /-	627x
COMMITTEE'S E-MA	AIL ADDRES	SS	СП	TY.	STATE		ZIP CODI	E
CELER	BRIL	ZX Jas	464	AROSE (P)	CISA	Cor		
	<u> </u>	<u> </u>	1 1-1			1111		
COMMITTEE'S WEB	PAGE ADD	RESS (URL)						
		• •	ACTI	on COMM	1778	ES DIK	ECTO	RY. Com
		<u> </u>	<u> </u>					
COMMITTEE'S FAX	NUMBER A-1057	4						
2. DATE	7 1	7 2008	?					
3. FEC IDENTIFIC	CATION NU	MBER	COC	456640				
4. IS THIS STATE	MENT	NEW (N)	OR	AMENDED (A)				
I certify that I have	examined the	is Statement and to	o the best of	my knowledge and belief	it is true, d	correct and cor	nplete.	
Type or Print Name	of Treasurer		05u	E CARO	SE			·····
Signature of Treasure	er L	WE S			Date	21 7	7 6	2008
NOTE: Submission of	•	· ·		y subject the person signing	_	•	ulties of 2 L	J.S.C. §437g.

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

F	EC Fo	m 1 (Revised 12/2007)	Page 2				
		OMMITTEE					
	didate	Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate						
Candi	idate Affiliati	Office Consts	State				
rany	Armau	on Sought: House Senate President	District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candi							
Part	v Con	mittee:					
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.				
Polit	ical A	ction Committee (PAC):	···· - · · · · · · · · · · · · · · · · 				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) its con	nected organization is a:				
		Corporation Wo Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	gregated fund or party				
Joint	Fund	raising Representative:					
(g)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political				
(h)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number C					
	2.	FEC ID number C					
	3.	FEC ID number C	·				
	4.	FEC ID number C					
	5.	FEC ID number C					

Write or Type Committee Name	
6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundralsin	g Representative
Mart	
Mailing Address	
	لــــا-لـــ
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundrais	ing Representative
Connected Organization Annualed Committee Esactioning 1 AC Sportson Country undrais	ing riepresentative
Custodian of Records: Identify by name, address (phone number optional) and position of the person in pobooks and records.	ssession of committee
Full Name TOSUE ARESE	1
1979 SULL ISTH STREET	-
Mailing Address	
DESKLELD BEACH FU B39	(AC) 1 27
	17M - [OUX E]
CITY STATE Title or Position	ZIP CODE
TREASURER Telephone number 254-3	354-19328
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the na any designated agent (e.g., assistant treasurer).	ame and address of
Full Name of Transparer AROSE AROSE	ı
979 SILL STARSTORET	,
Mailing Address	
MERFIELD BEACH STATE	441-1627.4 zip code
Title or Position	208-12309
	ڵ

-	FEC Form 1 (Rev	ised 12/2007)		Page 4		
	Full Name of Designated Agent Mailing Address	DEERFIELD	SE STREET	3344-6226		
	Title or Position	RER	STATE Telephone number 9.5	ZIP CODE Y-135Y1-10328		
9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
	Mailing Address	GOD GAST	SAGH HE	2306Gi-1		
		CITY	STATE	ZIP CODE		
	Name of Bank, Depositor	ry, etc.				
	لبنا					
	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** 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): DATE PREPARED