12030872602

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 AUG 10, AM. 7:54

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	1740 MAIL CENTER			
THE FARM TE	IM FEDERAL	PAC				
	<u></u>					
ADDRESS (number and street) 2365 SISCHEN LEY DRILLINI						
(Check if address is changed)						
3 ,	CITY A		\(\frac{1}{1}\) \(\frac{1}\) \(\frac{1}{1}\) \(\frac{1}\) \			
COMMITTEE'S E-MAIL ADDRE	ss					
(Check if address is changed)	Farmteame	Va@gMail 1.C	10M1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Optional Second E-Mail Add	U				
COMMITTEE'S WEB PAGE ADI	, ,					
is changed)	www.favmt	eam, org;;				
	<u>Li. i </u>					
2. DATE 07 30 2012						
3. FEC IDENTIFICATION NUMBER ▶ C						
4. IS THIS STATEMENT V	NEW (N) OR	AMENDED (A)	·			
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and complete.			
Type or Print Name of Treasure	Julie S.	Copeland				
Signature of Treasurer	puisse	l	Date 07 30 2012			
NOTE: Submission of false, errene	· ·	may subject the person signing to ON SHOULD BE REPORTED W	his Statement to the penalties of 2 U.S.C. §437g.			
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	EEL EUSKO L			

FEC FOI	rm 1 (Hevised 02/2009) Page 2					
TYPE OF COMMITTEE						
Candidate 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						
Candidate Party Affiliation	Office State on Sought: House Senate President District					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Con						
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.					
Political A	ction Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.					
(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/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 two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Com	mittees Participating in Joint Fundraiser					
1.						
2.	FEC ID number C					
3.	FEC ID number C					
4.	FEC ID number C					

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Write or Type Committee Name					
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
Mailing Address					
		<u> </u>			
	CITY STATE ZIF	CODE			
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor			
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in posses	ssion of committee			
Full Name U.U.L.I	E S COPELAMO				
Mailing Address	[23,6,5, SC,HGNK, GY, DR; 1, 1, 1, 1, 1				
•					
	RIGHIMOND VIA 2323	5-13,3,1,7			
Title or Position	CITY STATE ZIF	CODE			
[[REASURER 1 1 Telephone number 804 - 2.72 - 2.551					
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of			
Full Name of Treasurer July	IE SI COPIE CAND				
Mailing Address	2365 SCHENLEY DR.				
		51-13:31:7			
Title or Position T. R. E.A.S. U. R. E.R.	Telephone number \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Z-Z-JS-1			

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		·····	
Full Name of Designated Agent		<u> </u>	<u> </u>
Mailing Address	Lillillillilli	<u> </u>	
		1111	
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone n	umber	
			······································
	LNTRUST ROAD		
Mailing Address			
	RICICIAMAND:	LVA	12.3.2.35
	CITY	STATE	ZIP CODE
Name of Bank, Deposite	ory, etc.	"	
· L	<u> </u>		
Mailing Address			
		<u> </u>	
			<u> </u>
	CITY	STATE	ZIP CODE

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.				
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Postmark Illegible				
No Postmark				
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(AU) PREPARER	8/10/12 DATE PREPARED			
(3/2005)				