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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 OCT 31 AM 9: 58

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12 FEZ NETA	ECENTER
CIOMINITITIEIE 18	FIOIRI IAI MINICIHI	BIEITITIEIRI IAIM	ERDICAL	
ADDRESS (number and street)	CIOI ICHIRIISI	BIUISIHI IPIOI IBIO	K 131916161	
☐		1.111111		
	CITY A		STATE A	2131417 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)				
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
☐ (Check if address is changed)				
			<u> </u>	
2. DATE 1.0	1 20,12			
3. FEC IDENTIFICATION NU	JMBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	·	
I certify that I have examined th	is Statement and to the best of	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasure	CHRIS BUST	н .		
Signature of Treasurer	Anon		Date j 0	26 2012
NOTE: Submission of false, errone	eous, or incomplete information n			penalties of 2 U.S.C. §437g.
Office Use		For further information c Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

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		OMMITTEE		
Cer	ndidate	e 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.)				
Nam Can	e of didate			
	did ate y Affiliati	Office State Office On Sought: House Senate President District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Nam Can	e of didate			
Par	ty Con	nmittee:		
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party		
Poli	itical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is		
		Corporation Corporation w/o Capital Stock Labor Organization		
		Membership Organization Trade Association Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)		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.)		
Join	t Fund	Iraising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/urganizations, at least one of which is an authorized committee of a faderal 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.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.	FEC ID number		

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FEC Form 1 (Revise	d 02/2009)			Page 3
Write or Type Committee Na	me			
COMMITTEE	FOR A MUCH	BETTER AMERICA		
6. Name of Any Connected	Organization, Affiliated Co	mmittee, Joint Fundraising Re	presentative,	or Leadership PAC Sponsor
			<u> </u>	
			<u> </u>	
Mailing Address				
			لنا	<u> </u>
	CI	тү	STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated	Committee	ng Representa	tive Leadership PAC Sponsor
7. Custodian of Records: lo	dentify by name, address (pho	ne number optional) and pos	sition of the pe	erson in possession of committee
Full Name	KISI BIOISIH		<u> </u>	
Mailing Address	PIOI 1810141 1319	1661		
		11111111	1111	
	MILDIWIAIY		KIY	4.0.3.4.7]-
Title or Position	CI	ΤΥ	STATE	ZIP CODE
TIRIEIAISIUIRIEIA	<u> </u>	Telephone no	umber <u> </u>	10-12-71-19-64-18
8. Treasurer: List the name any designated agent (e.g.		- optional) of the treasurer of the	he committee;	and the name and address of
Full Name of Treasurer	21151 181015141 1		1111	
Mailing Address	PIOI BIOIXI 1319	1616111111		
	MILDIWALY		STATE	<u> Чазч-7</u> -
Title or Position $T_1R_1E_1A_1S_1U_1R_1E_1A_1$	2 , , , , , , , ,	Talanhana ni	umbor 14	10-217-9648
LINGENISURE		Telephone nu	mber [1]	(1611) - [617]

9.

FEC Form 1 (Revised 02/2	2009)		Page 4	
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Full Name of Designated Agent				
Mailing Address	<u> </u>			
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Title or Position				
	Te	elephone number	J	
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.				
<u> </u>		 		
Mailing Address				
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	CITY	STATE	ZIP CODE	
Name of Bank, Depository, etc.				
Mailing Address				
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	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. **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): 10/31/12 DATE PREPARED PREPARER

(3/2005)