Image# 12971237644 PAGE 1 / 4

FEC FORM 1		STAT ORG			-								
							_		Office I	Jse Only			_
NAME OF COMMITTEE (ir	n full)	(Check it is chang			le:If typing e lines.	, type	12FE	24M5					
Strickland	for Co	ngress 20	012										ı
													_
		603 E Alton Ave	STE H										
ADDRESS (number a	nd street)												╛
(Check if a													
is changed)		Santa Ana					CA		92705		- 🖳		
			(CITY			STATE			ZIP C	ODE		
COMMITTEE'S E-MA	AIL ADDRES	S (Please provide	only one e-	mail addre	ss)								
		raylysa@aol.co	m 										
(Check if is change		I								1 1		1 1	ı
													_
COMMITTEE'S WEB	PAGE ADD												
(Chook if	addraaa	Tonystrickland.co	om 										
(Check if is change													
2. DATE 0	M / D 18	2012	Y										
3. FEC IDENTIFIC	CATION NU	MBER	C co	00510545									
4. IS THIS STATE	MENT X	NEW (N)	OR		AMEND	ED (A)							
I certify that I have of	examined this	s Statement and	to the best	of my kno	wledge an	d belief it	t is true, o	correct a	and coi	mplete.			
Type or Print Name	of Treasurer	Lysa Ray											
Signature of Treasure	Lysa Ray	,		[E	lectronicall	y Filed]	Date	M M M	/ D	18	2	012	Y
NOTE: Submission of									the pena	alties of	2 U.S.C	C. §437	g.
Office	<i>F</i>	NY CHANGE IN I	INFORWATIC					DATO.		_			
LOTTICE				I FO	r further inf	ormation c	ontact:			A EA	D 8.4	4	

C	Office		For further information contact:	FEC FORM 1
	Use Only		Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

F	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
(a)	uluate	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. (Con information below.)	•
Name Cand		Anthony A. Strickland	
Cand Party	idate Affiliati	office Sought: X House Senate President	State CA District 26
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	(Domocratic
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	draising Representative:	
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Write or Type Committee Name Strickland for Congress 2012 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons None Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. Lysa Ray Full Name 603 E Alton Ave STE H Mailing Address	
Strickland for Congress 2012 3. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons None Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. Lysa Ray Full Name Lysa Ray Lysa Ray	
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books and records. Lysa Ray Full Name	
Lysa Ray Full Name	mittee
Full Name 603 E Alton Ave STE H	
Mailing Address	
Santa Ana CA 92705	
Title or Position CITY STATE ZIP CODE	
Custodian of Records	05
Telephone number	95
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address	of
any designated agent (e.g., assistant treasurer).	
Full Name Lysa Ray of Treasurer	. 1
Mailing Address 603 E Alton Ave STE H	
Santa Ana	
CITY STATE ZIP CODE	
Title or Position Treasurer Treasurer Telephone number	

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Full Name of Designated	None	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, hooxes or maintains funds. Depository, etc.	olds accounts, rents
safety deposit b	Depository, etc. Bank of America 3730 S Bristol St	olds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Bank of America 3730 S Bristol St	olds accounts, rents
safety deposit by Name of Bank, Mailing Address	Depository, etc. Bank of America 3730 S Bristol St Santa Ana CA	
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