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STATEMENT OF ORGANIZATION

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NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. COMMITTEE TO ELECT NATHAN RUSSIO US HOUSE EA CONGRESS FOR THE PEOPLE 2012 DIST APT 9 XO ST ADDRESS (number and street) (Check if address is changed) STMOWS ß 31 ź CITÝ . . 1 STATE **ZIP CODE** COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address). ress Farithrago le. Com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) acongress for the people-com www. (Check if address is changed) 15 2. DATE С FEC IDENTIFICATION NUMBER 3. OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. 2550 Type or Print Name of Treasurer 03'15'2012 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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	orm 1 (Revised 02/2009)					Page 2
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(b)	This committee is an a information below.)	uthorized con	nmittee, and is NOT	a principal campaign c	committee. (Co	mplete the candidate
Name of Candidate	NATHAN	CRU				
Candidate	ion DEN	Office	\mathbf{V}			State
Party Affiliati		Sought:	House	Senate	President	District
(c) ·	This committee support	ts/opposes or	nly one candidate, ar	id is NOT an authorize	d committee.	District
Name of Candidate						
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Party Con	This committee is a		(National, State or subordinate)	committee of the		(Democratic, Republican, etc.) Par
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(e)	This committee is a se	parate segreg	gated fund. (Identify c	onnected organization (on line 6.) Its ca	onnected organization is
	Corporation					
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FEG Form 1 (Revised 02/2009) Page 3 Write or Type Committee Nam (OM M ITTEE TO ELECT NATHAN ROSSO US ADUSE DIST 1 AKA A COUSRESS FOR THE PEOPLE 8. Name of Any Connected Organization, Attiliated Committee, Joint Fundralating Representative, or Leadership PAC Sponsor Mailing Address Image of Records: Identify by name, address (phone number - optionel) and position of the person in possession of committee Full Name Natif ALL, DIRECTOR It or Position CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Jaint Fundralating Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number - optionel) and position of the person in possession of committee tooks and records. Full Name NATTAALI C. AVSSD Mailing Address PO BOX: 2022/4 Title or Position CITY STATE ZIP CODE CALLPATEN. DIRECTOR: Telephone number (I./ZI-U.Y.PS3.6Z) (3) Trassurer: Ust 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 <t< th=""><th>Γ</th><th>_</th><th>7</th></t<>	Γ	_	7
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Telephone number

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. (9.)

Name of Bank, Depository, etc.

Title or Position

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BA Mailing Address	VK OF THE OZA 1/809 FREDER ST SIMONS I		<u> </u>
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Mailing Address			
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how if 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): PREPARER DATE PREPARED (3/2005)