FEC FORM 1		STATEMENT OF ORGANIZATION									
1. NAME OF COMMITTEE (in ft	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5								
Minutem	AN Project PACL	┶╾┶╌╄╌┺╶┺╶╋╌╋		· · · · · · · · · · · · · · · · · · ·							
		╶┨╌╴┠╴╴┠╴╴╊╴╌┠╶╌┡╴╌┚╴╶╄									
ADDRESS (number and	street) 1946.8 MA9	Nolia Ave, #	t203								
(Check if add is changed)	ess Linerside	· · · · · · · · · · · · · · · · · · · ·		925031-137.46							
COMMITTEE'S E-MAIL		ТҮ	STATE	ZIP CODE							
	D Minutemanph	DJEGT PAC .	Ċom_	<u> </u>							
Committee's web p	AGE ADDRESS (URL)										
L Minutem	AN PROJECT PACE	Com:									
committee's fax ni 19511 - 12311											
2. DATE 12/17	/ ఫి లి కో										
3. FEC IDENTIFICA	TION NUMBER C										
4. IS THIS STATEME		AMENDED (A)									
I certify that I have exa	mined this Statement and to the best o	f my knowledge and belief it	is true, correc	t and complete.							
Type or Print Name of	Treasurer <u>Stephen</u>	Eichler									
Signature of Treasurer	All		Date 12/	11/208							
NOTE: Submission of fal	se, erroneous, or incomplete information m										

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	1	FEC F	mm 1 (Revised 12/2007)				Page 2
	5.		OMMITTEE				
		Candidat	e Committee:				
		(a)	This committee is a principal campaig	n committee. (Complete	e the candidate info	rmation below	.)
		(b)	This committee is an authorized comminformation below.)	mittee, and is NOT a p	rincipel campaign co	ommittee. (Cor	nplete the candidate
		Name of Candidate			<u>) [ ] ] ] ] ]</u>	<u></u>	
		Candidate	Office				State
		Party Affilia		House	Senate	President	
							District
		(C)	This committee supports/opposes only	y one candidate, and is	NOT an authorized	d committee.	
		Name of Candidate					
		Porty Co	umittaa.				· · ·
		Party Co	nmatee:	(National, State			(Democratic,
		(d)	This committee is a	or subordinate) com	mittee of the		Republican, etc.) Party.
		Political	Action Committee (PAC):				·
		(e)	This committee is a separate segrega	ted fund (Identify conn	ected omanization o	n line 6 ) lts co	nnected omenization is a:
		(0)			-	-	intelled organization is a.
			Corporation	Corporatio	on w/o Capital Stock	¢	Labor Organization
			Membership Organization	Trade Ass	ociation		Cooperative
	(		This committee supports/opposes mo committee. (i.e., nonconnected committee the committee of the committee	re than one Federal ca tee)	ndidate, and is NO	l a separate s	egregated fund or party
			In addition, this committee is a	Leadership PAC. (Identi	fy sponsor on line 6.	)	
		Joint Fun	traising Representative:				· · · · · · · · · · · · · · · · · · ·
		(g)	This committee collects contributions, p committees/organizations, at least one				
		(h)	This committee collects contributions, p committees/organizations, none of whic				wo or more political
		Cor	mittees Participating in Joint Fundra	aiser			
		1.			FEC ID num	ber C	·
		2.			FEC ID num	ber C	
•		3.			FEC ID num	ber C	
		4.				per C	
		5.			FEC ID numb	ber C	
		-	/				

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FEC Form 1 (Revised				Page 3
Write or Type Committee Name	IN Project P.	Ac		
	Drganization, Affiliated Committee		or Joint Fundraising F	lepresentative
Mailing Address				
Relationship:	СІТҮ	S	STATE ZI	P CODE
Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Joint Fundraising	Representative
7. Custodian of Records: Ider books and records.	ntify by name, address (phone nu	mber optional) and position	of the person in posse	ssion of committee
Full Name Ster	How Eighler		<u></u>	
Nailing Address	19468: MAGN	lia Ave. #	203	
			<u>_; _ ; _ i _ / _ i</u>	
	Riverside	<u></u>	=A1 19250	31-13746
	CITY	81	ATE ZI	P CODE
				1 1
President	<u></u>	Telephone number	9.51-23	2/1-1/623
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optic assistant treasurer).	onal) of the treasurer of the co	mmittee; and the name	e and address of
Full Name of Treasurer	Hen Erchler 19468, MAGIN	<u></u>	<u></u>	
Mailing Address	19468 MAGIN	olia Ave, #	203	
	Riverside		A. 92.53	3 - 3746
Title or Position	CITY	ST		P CODE
President /tin	CASURGIT	Telephone number	9511-123	1-1623
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Full Name of Designated Agent	phen Erichher
Mailing Address	19468, MAG. Nolia, the #203
	Riverside City State Zip Code
Tille or Position	5 + Fir atom of the places Telephone number [9:51]-1231/1-1623

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.

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Name of Bank, Depository, etc.

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B	ANK of America	<u> </u>	
Mailing Address	1941 No tustin Aven	<u> </u>	<u></u>
		iiii	
	LORANGE	CA	92867-
	СПҮ	STATE	ZIP CODE
Name of Bank, Deposito	pry, etc.		

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Mailing Address	L		1	1		_1	ł		L	L					<u>i</u>	L			i.			1			<u>i</u>			<b>.</b>	_1				1		_1	
	L	<u>.</u>					_ [		L	L	1		1	_	_1_		_i	_]_	<b>-</b> -	i_		!			1	<u>i</u>	_1	_1_		1	.1	1		_1		
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СПҮ								STATE							ZIP CODE																					
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Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR I The FEC added this page to the end of this filing	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/Č)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signa	ture Confirmation <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration (	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
5	1/2/09
(3/2005)	DATE PREPARED

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