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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 JUN -4 AM 8: 50

FFC MOHIDE UperOply-

				mbb obelowil-1 are in	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	TOTALEK	
_		9TILC COMMITT	166		
FEDERAL PA	C A CCOUNT				
ADDRESS (number and street)	15-33 HA	ALSJED STREE			
(Check if address is changed)	EAST ORA	1466	M5 100	7:01:01-L	
	<u>LANSIVI IVIKIR</u>				
•		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL, ADDRES	SS (Please provide only or	ne e-mail address) ·			
(Check if address	M/A				
is changed)		1-1-1-1-1-1-1-1-1	<u> </u>		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)				
(Check if address is changed)	N/A				
2. DATE 05 2 3. FEC IDENTIFICATION NU 4. IS THIS STATEMENT) Ž Õ Ĭ Ž JMBER C NEW (N) OR	00519025 3 X 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.					
Type or Print Name of Treasurer LONNIE P. HUGHES					
Signature of Treasurer	lumo Pi	Hugh	Date 0 5	21 2012	
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.					
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

5.

FEC Fo	rm 1 (Revised 02/2009)	Page 2				
	COMMITTEE 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.)					
Name of Candidate						
Candidate Party Affiliati	ion Sought: House Senate President	State District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Con						
(d) X	This committee is a Local or subordinate) committee of the	ocratic, blican, etc.) Party.				
Political A	THIS COMMITTEE IS NOT AFFICIATED WITH ANY OTHER	LOCAL				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
	Corporation Corporation w/o Capital Stock Lai	oor Organization				
	Membership Organization Trade Association Co	operative				
	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.)					
Joint Fund	draising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political				
Com	nmittees Participating in Joint Fundraiser					
1.						
2.	FEC ID number C					
3.	FEC ID number C					
4.		•				

ı	FEC Form	(Revised 02/2009) Page 3
	Write or Type Comr	
Ï). Name of Any C	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
-		
	Mailing Address	
1		
		CITY STATE ZIP CODE
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
	Holadonsinp.	Commission organization ruminated commission commission representative Education representative
-	Custodian of Re	ords: Identify by name, address (phone number optional) and position of the person in possession of committee
	books and record	
	Full Name	LONNIE PHUGHEZ
-	Mailing Address	77 NORTH 222ND STREETS
} !		EAST ORANGE N.S 0,2,0,1,2 -
	Title or Position	CITY STATE ZIP CODE
	1.0.544	16771177
	II REMS W	1215 Telephone number (4,7,3) - 6,7,6 - 3,3,8,7
}.		name and address (phone number optional) of the treasurer of the committee; and the name and address of
		ent (e.g., assistant treasurer).
i	Full Name of Treasurer	LOWING P. HUGHES
	Mailing Address	7.7 MORTH 22ND STREET
		EASITIORANGE MJ 07017-
	Title or Position	CITY STATE ZIP CODE
	TIRIEIASIY	RER Telephone number 9,73 - 6,76 - 3,387

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·					
Full Name of Designated Agent	EROY JONEZ JER	<u> </u>			
Mailing Address	59 WOODLAND AVENUES !!				
		1 1 1 1			
	EASITI ORIANIBIET TO THE	STATE	0,7,0,1,7]-		
Title or Position					
CHAIR MAIN	Telephone	number			
Banks or Other Department	ositories: List all banks or other depositories in which the com or maintains funds.	mittee deposits	funds, holds accounts, rents		
Name of Bank, Depo	sitory, etc.				
. W	ELLS, FARGO BANKINA	<u> </u>	: :		
Mailing Address	1480 CENTICAL AVENUE				
i.					
	EAST ORANGE	1 1/2	070118-		
	CITY	STATE	ZIP CODE		
Name of Bank, Depo	sitory, etc.				
L		1:11			
Malling Address					
	CITY	STATE	ZIP CODE		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 5/22/12
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confi	rmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ss Day Delivery
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
Other (Specify):	Receipt or Postmarked
h	6/4/12
PREPARER (2/2005)	DATE PREPARED
(3/2005)	