12030753695

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 MAR 13 AM 7: 34

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5 MAIL CENTER											
CHAD CONDIT FOR CONGRESS														
ADDRESS (number and street)	DDRESS (number and street) 2509 ACORN LANE													
(Check if address	· ·													
is changed)	CERES		CA	95307-										
		CITY	STATE	ZIP CODE										
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)														
(Cheale & address	<u>Diovineacha</u>	deamdituca	υ Μ											
is changed)	Check if address													
COMMITTEE'S WEB PAGE AD	OMMITTEE'S WEB PAGE ADDRESS (URL)													
(Check if address is changed)	is channed)													
														
2. DATE 3 7 0	2 ′ <u>20</u> 112 ′		•											
Z. DATE 19 0	- 201A		•											
3. FEC IDENTIFICATION N	UMBER C													
	_													
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)												
I certify that I have examined to	his Statement and to the best	of my knowledge and belief i	t is true, corre	ct and complete.										
Type or Print Name of Treasure	HARRY A	terbert		1										
Type of Fillit Name of Heasure	1													
Signature of Treasurer	ty for		Date Ö	<i>3'06'20</i> /2										
NOTE: Submission of false, erron	•	may subject the person signing ON SHOULD BE REPORTED V		to the penalties of 2 U.S.C. §437g.										
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)										

	TYPE OF COMMITTEE Candidate 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 Chad Martinew Condition															
	ndidate rty Affiliatio	n No Political Office Sought: X House	Senate	President	State District											
(c)		This committee supports/opposes only one candidate, ar	nd is NOT an authorized	committee.												
	me of ndidate															
Pa	Party Committee:															
(d)	(National, State (Demo															
Po	olitical Action Committee (PAC):															
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is														
		Corporation Corpo		Labor Organization												
		Membership Organization Trade	Trade Association													
	In addition, this committee is a Lobbyist/Registrant PAC.															
(f)		This committee supports/opposes more than one Federa committee. (i.e., nonconnected committee)	Il candidate, and is NOT	a separate se	gregated 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.)															
Joi	int Fundi	alsing Representative:														
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal cardidate.														
(h)	•															
	Committees Participating in Joint Fundraiser															
	1.		FEC ID numb	er C												
	2.		FEC ID numb	er C												
	3.		FEC ID numb	er C												
	4.		FEC ID numb	er C												

V	Write or Type Committee Name																																															
6.	. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor																																															
L]	}			_	į			ļ]	1					}	_					į	1	i	L			1]		j		j	j			<u> </u>	1		į	_	1	
Ĺ	Ш	1			1							L	L		L					L	1	1				1		!			l.						i						1	j	İ.	L	1	
	Mailing Address									į			L	L							1			1		1	ŀ							1							ĺ	İ	[<u></u>				
										<u> </u>										<u> </u>	L		į	1	1111																1		Ш					
										I				1	ļ	1				1]	į							ļ	1	ţ		į	1	9		į	1			!	ı	j -	-]	. }	1	
											CITY															s	TAI	Œ		ZIP CODE																		
	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leaders											erst	nip	PA	C	Spo	onsor																															
7.	Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.																																															
	Full Name HARRY Herburt																																															
	Mailing Address &ZZO5 MAVNA LOA DR																																															
										ļ	~	l	J.,	J.,	.L.	_ا_	L		L.	L.,		_	_										_!_	L		_1.		l			ــــــــــــــــــــــــــــــــــــــ	<u>L</u> .	i	۱.		.1.	ـلـ	
										Į.	<u>C</u>	E	1	E	<u>;</u> ≤	<u>.</u>	الــ	۱	<u>l</u>	۲.	1	_1		L	L.	1	J	_].		L_	<u></u>	-			. /	}			9,	5	3	O	7	<u> </u>	. ["_J	.1.	
	Title	e or	· P	ositi	on														(СП	Υ							STATE ZIP CODE											DE									
	ŢΤ	<u>,</u>	٥	a ,	<u>5</u> ,6	الم	<u>r</u> 1	e,	L	L	L	L.	. L.		J.			L	1	ــــــــــــــــــــــــــــــــــــــ	_1			•				Те	lep	oho	ne	nı	ımi	bei	•	:(29	0!	9 !	!	5	િશ	3,1	ļ.,	, i (9,5	5,	3,9
8.	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 of Treasurer HERBERT																																															
	Mai	ling	A	idre	SS					į	2	2	٥	<u>.5</u>		1	n/	٩,	<u>U</u>	٨	I P	-		L	0	A	ր _լ_	يلي	Þ	R) <u>} </u>	<u>j</u>	٠.	_i_				1	!		Ļ.	.L	<u>.l</u>	1	.1_	<u>.</u>	. <u>L</u> .	لــــــــــــــــــــــــــــــــــــــ
										L				⊥.		l.	_L		_	L_		.1		-	<u></u>		1.				<u></u>	ـ. ل	<u>.</u>	1		_L	- <u>-</u> L.	اـ.			l	<u>i.</u>	<u> </u>	L_	1-	L.	.J.	ل
	T:al.		D							į	<u>('</u>	E	R	E	<u> </u>	<u>.</u>	<u>.</u>	لــا		 >IT	Y	. J.	!		<u> </u>	L	_1_	., .l.		i				Cotto	Y A			į	<u>q</u>	5	3		<u>. 7</u>	_		. i.		
Į	Title			4 <u>.</u>		V.	R	E	R	اد	L.,	1_		_i_				74,may	<u>L</u>	ــــــــــــــــــــــــــــــــــــــ	لم							Te	lep	ho	ne	nı	ıml	oer		Ĺ	20	<u>ا</u> ر	<u>1</u> j	- [5	8	<u>.</u> 1	<u>]</u> -	- <u>[C</u>	2,5		3,9 ₁

Name of Bank, Depository, etc.

STATE

ZIP CODE

CITY

2030753698

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOmmission The FEC added this page to the end of this filing to in	OMING DOCUMENTS												
Hand Delivered	Date of Receipt												
USPS First Class Mail	Postmarked 3/7/)												
USPS Registered/Certified	Postmarked (R/C)												
USPS Priority Mail	Postmarked												
Delivery Confirmation™ or Signature Confirmation™ Label													
USPS Express Mail	Postmarked												
Postmark Illegible													
No Postmark													
Overnight Delivery Service (Specify):	Shipping Date												
Next E	Business Day Delivery												
Received from House Records & Registration Offic	Date of Receipt e												
Received from Senate Public Records Office	Date of Receipt												
Received from Electronic Filing Office	Date of Receipt												
Other (Specify):	te of Receipt or Postmarked												
W	3/13/12												
(3/2005)	DATE PREPARED												