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FORM 1	OR	GANIZA	AHON	Í	ZOUY MAR. 20 A
NAME OF COMMITTEE (in fi		eck if name hanged)	Example:If typing, type over the lines.	12FE4M	Office Use Only
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ADDRESS (number and	street) [111011	15-7	Street N	W	
(Check if add is changed)	ress Swit	<u>161 18010</u>			
is changed)	Nousih	اماطاعات	<u> </u>	12C	20005-
COMMITTEE'S E-MAIL	ADDRESS	O (CITY	STATE	ZIP CODE
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COMMITTEE'S WEB P					
www.iBomin	<u> </u>	- _ _ _ 	<u> </u>		
COMMITTEE'S FAX N	JMBER				
2021-1326	-16377				
2. DATE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Po			
3. FEC IDENTIFICA	ITION NUMBER	Co.	0.1.0.6.4.35		
4. IS THIS STATEME	ENT NEW (N) OR	AMENDED (A)		
I certify that I have exa	amined this Statement	and to the best	of my knowledge and belief	' it is true, corre	ct and complete.
Type or Print Name of	Treasurer Ka	ren Pe	unafiel		
Signature of Treasurer	Yaren	whe	nafrio	Date 0	3 03 2009
NOTE: Submission of fal	•		may subject the person signing	-	to the penalties of 2 U.S.C. §437g. S.
Office Use Only FE3AN042.PDF			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

	FEC Fo	orm 1 (Revised 12/2007) Page 2	2
		COMMITTEE ce Committee:	
		This committee is a principal campaign committee. (Complete the candidate information below.)	
(a			
(b) [This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cand information below.)	lidate
	ame of andidate	<u> </u>	
_	andidate arty Affiliation	Office State tion Sought: House Senate President	
		District	لسا
(c) [This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ame of andidate		لننا
P	arty Con		
(d) 	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, et	c.) Party.
P	olitical A	Action Committee (PAC):	
(е) 🛛	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ration is a:
		Corporation Corporation w/o Capital Stock Labor Organ	ization
		Membership Organization Trade Association Cooperative	
(f) [This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)	or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Jo	oint Fund	draising Representative:	
(g)	_	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more policommittees/organizations, at least one of which is an authorized committee of a federal candidate.	tical
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polit committees/organizations, none of which is an authorized committee of a federal candidate.	tical
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	
	5.	FEC ID number	

	FEC Form 1 (Revised	12/2007)			Page 3
٧	Vrite or Type Committee Nam	e			
<u> </u>	Name of Any Connected	Organization, Affiliated Commi	Ittee endership PAC Spon	ear or laint i	Sundraicing Panracantativa
0.	Name of Any Connected	organization, Anniated Commi	ilice, Leadership PAC Spons	sor or some r	-unuraising nepresentative
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I	laternatio	nlal			
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		Switte 181019	<u> </u>		
		WaldhilnlyHolo		DC	12000S-L
	Deleties ekies	CITY		STATE	ZIP CODE
	Relationship: Connected Organization	Affiliated Committee	Leadership PAC Spons	or Joir	nt Fundraising Representative
7.	books and records.	ntify by name, address (phone i	number optional) and positi	ion of the pe	rson in possession of committee
	Full Name	en W. Penafi	<u>ieh</u>		
	Mailing Address	1110115+5	Street WW)	
		Swite 1800	 		
		Washington	ليتتتي	DC	Lacas-L
	Title or Position	CITY		STATE	ZIP CODE
	VILICIE PICIEIS	- Adviociacy	Telephone nun	nber 🚉	<u> </u>
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number op assistant treasurer).	tional) of the treasurer of the	committee;	and the name and address of
	Full Name of Treasurer	en in Penafi	ıeı\	1 1 1 1	
	Mailing Address	1110115+	SAIRICICHININ		
		Swite 1800	<u> </u>		
		Washinghon		DC STATE	2,0,0,0,\$
	Title or Position	04		D N	27-13-26-63-3
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120 10111 1 (1	levised 12/2007)	Page 4
Full Name of Designated Agent	1111111111	
Mailing Address	<u> </u>	
	CITY	STATE ZIP CODE
Title or Position		
	Telephone numb	per Lill-Lill-Lill

Banks or Other Depo	sitories: List all banks or other depositories in which the committee	denosite funde holds accounts rents
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safety deposit boxes o Name of Bank, Deposi	r maintains funds,	o doposito fantos, fícilos docounte, ficilio
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