STATEMENT OF

2018 OCT 20 PM 1: 16

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. WEST IVILIRIGILIN HAINS FOR ILLIFE, I DINCI . I PIDICITITICALLIACITICIA COMMITTITIES 25 Camunon Ra ADDRESS (number and street) (Check if address is changed) STATE CITY ZIP CODE COMMITTEE'S E-MAIL ADDRESS luvifioirilii fe@ habisi neti i i i i i i i COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER 3,041-15,9,4-19,849 2. DATE **FEC IDENTIFICATION NUMBER** NEW (Ņ) IS THIS STATEMENT OR 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 Signature of Treasurer 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.

1	Office	1			For further information contact
	Use		1	•	Federal Election Commission
		ļ	1.	i .	Toll Free 800-424-9530
_	Only	 			Local 202-694-1100

FEC FORM 1 (Revised 12/2007)

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FEC Form 1 (Revised	12/2007)	Page 3						
Write or Type Committee Name)							
6. Name of Any Connected C	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising	Representative						
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		<u> </u>						
								
Mailing Address		1 1 1 1 1 1						
		IP CÖDE						
Relationship:	CITY STATE Z	IF CODE						
Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fundraising	Representative						
7 Out Post II Discould	No. 1							
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in poss	ession of committee						
Full Name		<u> </u>						
Mailing Address								
Title or Position	CITY STATE Z	IP CODE						
Title of Fosition	1	. 1-1 1						
	Telephone number							
B. Treasurer: List the name an	d address (phone number - optional) of the treasurer of the committee; and the nam	e and address of						
any designated agent (e.g., a	ny designated agent (e.g., assistant treasurer).							
Full Name of Treasurer [B R A	AND ., LOUK, , , , , , , , , , , , , , , , , , ,							
Mailing Address	125 Ganyioin Ridi							
	Moirigainitionum LWV 2650	<u> </u>						
Title or Position		IP CODE						
Tireasurer	Telephone number							
FE3AN042.PDF								

(3/2005)

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