STATEMENT OF

'RECEIVED]

FORM 1	ORGANIZATION			1	CMAIL CENTER
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Once use only
AFRICA F	OR OBAM	4	1111111	<u> </u>	
	1 1 1 1 1 1	1 1 1 1 1 1		<u> </u>	
ADDRESS (number a	nd street) 785	7 LEONA	STREET		
(Check if a is changed)		LOUIS		MO	63123 - L L L L L L L L L L L L L L L L L L L
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) AFRICANFEDERAL@AFRIKI.INFO (Check if address)					
is change	d) .				
COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) (Check if address is changed)					
3. FEC IDENTIFICATION NUMBER C 00505784					
4. IS THIS STATE	MENT NEW	/ (N) OR	AMENDED (A)	,	
I certify that I have e	examined this Statem	ent and to the best	of my knowledge and belief it	t is true, correct a	and complete.
Type or Print Name	of Treasurer	RAHIMA C	OULIBALY	4.	
Signature of Treasure	er Link	[]\$, Iz	<u>/S</u>	Date 111 [™]	05 2011
NOTE: Submission of		-	may subject the person signing ON SHOULD BE REPORTED W		ne 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)

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	_		COMMITTEE				
Ψ.							
	(a)	\times	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 Cand		BARACK OBAMA				
	Cand Party	idate Affiliatio	on DEM Office Sought: House Senate President	State District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Cane						
	Part	y Con	nmittee:				
•	(d)			emocratic, oublican, etc.) Party.			
	Polit	ical A	ction Committee (PAC):				
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:			
		_	Corporation Corporation w/o Capital Stock	abor Organization			
			Membership Organization Trade Association	cooperative			
			In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)				
Joint Fundraising Representative:							
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an autoprized committee of a federal candidate.	er more political			
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political			
Committees Participating in Joint Fundraiser							
		1.					
		2.					
		3.					
		4.					

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Write or Type Committee Name	,	
AFRICA FOR O	BAMA	
6. "Name of Any Connected C	Organizatiön, Affiliated Committee, Joint Fundralsing Representative, or Leaders	ship PAC Sponsor
Mailing Address		
		1-1
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in po	ssession of committee
Full Name LIBRAH	IIMA COULIBALY	11111
Mailing Address	17857,LEONA STREET	
•		
	IST. LOUIS 16312	23 . 1-1
Title or Position	CITY STATE	ZIP CODE
PRESIDENT,	Telephone number [314] - [5	44 - 9243
Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; and the na ssistant treasurer).	me and address of
Full Name IBRAL of Treasurer		
Mailing Address	17857,LEONA STREET	
	ST, LOUIS MO 6312	3
Title or Position	CITY STATE	ZIP CODE
[PRĘSIDEŅT]	Telephone number 314 - 5	44 _{. -} 9243

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Full Name of Designated Agent					
Mailing Address		11.1111			
	CITY	STATE	ZIP CODE		
Title or Position	Teleph	none number			
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. Name of Bank, Depository, etc.					
	US,BANK				
Mailing Address	10 N., HANLEY, RD	1.			
	[CLAY,TON	<u>M</u> O	[63105, _ - 3426		
	CITY	STATE	ZIP CODE		
Name of Bank,	Depository, etc.	,			
Mailing Address					
			<u> </u>		
	CITY	STATE	ZIP CODE		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): DATE PREPARED