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FEC FORM 1

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STATEMENT OF ORGANIZATION

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			Office Use Onl	ly		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
REGENERATIE	WESTT VILLEG	LINILA				
	<u> </u>	<u> </u>		لبيب		
ADDRESS (number and street)	PIO BOX III	376				
(Check if address is changed)						
·	CHARLESITIO CITY A			U-[1374] P CODE ▲		
COMMITTEE'S E-MAIL ADDRE	SS					
(Check if address is changed)	Optional Second E-Mail Ad	nerEgmzi IIC dress rewivipizic@gimz				
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)	neiwivi oingi i				
2. DATE 0.7 2	o' a.o.i.s					
3. FEC IDENTIFICATION N	UMBER ▶ C 6	0.5,5,1,7,7.0		·		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	·			
I certify that I have examined the	nis Statement and to the best	t of my knowledge and belief it	is true, correct and complete	ı .		
Type or Print Name of Treasure	er JULIE A	NN ARCHER	· · · · · · · · · · · · · · · · · · ·	·		
Signature of Treasurer	Juliaa		Date 0.7 3.0	2015		
NOTE: Submission of false, erron		may subject the person signing to TION SHOULD BE REPORTED N		of 52 U.S.C. §30109		
Office Use	,	For further information c Federal Election Commissi Toll Free 800-424-9530	_{on}	ORM 1 1 06/2012)		

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	TYPE OF COMMITTEE Candidate Committee:					
(a)	П	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				
	me of ndidate	information below.)				
	ndidate ty Affiliatio	Office State Senate President District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	me of ndidate					
Pa	rty Con	nmittee:				
(d)		(National, State (Democratic, Party.) This committee is a (Democratic, Republican, etc.) Party.				
Ро	litical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
		Corporation Corporation w/o Capital Stock Labor 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 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.)				
Jo	int Fund	draising 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 candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Committees Participating in Joint Fundraiser					
	1.	[
	2.	FEC ID number				
	3.					

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Write or Type Committee Na	ame ·		
REGENER	ATE WEST VIRGINIA	<u> </u>	
6. Name of Any Connecte	d Organization, Affiliated Committee	, Joint Fundraising Representative	, or Leadership PAC Sponsor
			1.1 1 1 1 1 1 1
	<u> </u>	<u> </u>	<u> </u>
		 	<u> </u>
Mailing Address			
,			
	CITY	STATE	ZIP CODE
	<u></u>		(STERNIE)
Relationship: Conne	cted Organization Affiliated Commit	ttee Joint Fundraising Represent	tative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone num	ber optional) and position of the	person in possession of committee
	·		
Full Name			
Mailing Address			
			<u> </u>
•		لنا لىسسى	<u> </u>
Title or Position	CITY	STATE	ZIP CODE
1	1	1	
		Telephone number	<u></u>
8. Treasurer: List the name any designated agent (e.	and address (phone number optior g., assistant treasurer).	nal) of the treasurer of the committe	e; and the name and address of
Full Name of Treasurer	LIE ANN ARCHE	R	<u> </u>
Mailing Address	PO BOX 11137	<u> </u>	<u> </u>
		 	
	CHARLESTION CITY	MAN STATE	253391-11376 ZIP CODE
Title or Position	2 .,,,,,,,,,,,	Telephone number	30141-16101-19094

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			•			
Full Name of Designated Agent	111111					_ _
Mailing Address				1111		_
		· .	1 1 1 1	<u> </u>		
		CITY		STATE	ZIP CODE	
Title or Position						
			Telephone num	nber		
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository	aintains funds.	ner depositories in wh	nich the committe	ee deposits fu	inds, holds accounts, rents	
			· 	1 1 1		
Mailing Address						
		1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1	
		CITY	·	STATE	ZIP CODE	
Name of Bank, Depository	, etc.					
<u></u>	 		· .			ل
Mailing Address					1 1 1 1 1 1 1 1	ل
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		CITY		STATE	ZIP CODE	

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