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STATEMENT OF

FEC FORM 1		ORGANIZ	ATION		Office Use Only
NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
SMITH & WI	ESSON	HOLDING COR	PORATION POLIT	TCAL ACTION	ON COMMITTEE
<u> </u>	1 1 1 1	1 1 1 1 1 1 1 1 1 1			1
ADDRESS (number a	nd street)	2100 ROOSEVELT AVENU	JE		
(Check if and is changed)		SPRINGFIELD		MA C	01104-1606
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only one emicropac@micropac.net	e-mail address)		
COMMITTEE'S WEB	PAGE ADD	RESS (URL)			
(Check if is change					
2. DATE 06	M / D = 0	2012			
3. FEC IDENTIFIC	CATION NU	MBER C C	000419051		
4. IS THIS STATE	MENT	NEW (N) OR	X AMENDED (A)		
I certify that I have a		S Statement and to the bes	t of my knowledge and belief	it is true, correct a	and complete.
Signature of Treasure	DEANA .	MCPHERSON	[Electronically Filed]	Date 06	12 / 2012
NOTE: Submission of		·	may subject the person signing		he penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

	EEC Ec	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye Z
Car	ndidate	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. (Cominformation below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		X 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 so committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	_		
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V	Vrite or Type Committee Nar		-9
		ON HOLDING CORPORATION POLITICAL ACTIO	N COMMITTEE
6.		I Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	
S	-	HOLDING CORPORATION	· · ·
ı			
	Mailing Address	2100 ROOSEVELT AVENUE	
		SPRINGFIELD MA 0110	4-1606
		CITY STATE	ZIP CODE
	Relationship: X Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
·.	Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the person in	possession of committee
	I	MCPHERSON	ı
	Full Name	2100 ROOSEVELT AVENUE	
	Mailing Address		
		OPPINORIES D. MA. OHIO	4-1606
		SPRINGFIELD MA 0110	
	Title or Position	CITY STATE	ZIP CODE
	TREASURER	Telephone number 413	747 - 3231
3.	Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	name and address of
	Full Name DEANA of Treasurer	MCPHERSON	
	Mailing Address	2100 ROOSEVELT AVENUE	
		SPRINGFIELD MA 0110	4-1606
	Title or Desition	CITY STATE	ZIP CODE
	Title or Position TREASURER	413 Telephone number 413 -	747 3231

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Full Name of Designated Agent	KYLE CARTER	
Mailing Address	2100 ROOSEVELT AVENUE	
	SPRINGFIELD MA 01104-16	606 - ZIP CODE
Title or Position ASSISTANT TR		747 - 3552
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds xes or maintains funds.	accounts, rents
Banks or Other safety deposit bo Name of Bank, D Mailing Address	xes or maintains funds.	
safety deposit bo Name of Bank, D	xes or maintains funds. Depository, etc. TD BANKNORTH NA	
safety deposit bo Name of Bank, D	Depository, etc. TD BANKNORTH NA 1441 MAIN STREET SPRINGFIELD MA 01103-14	
safety deposit bo Name of Bank, D	Depository, etc. TD BANKNORTH NA 1441 MAIN STREET SPRINGFIELD CITY STATE	406
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. TD BANKNORTH NA 1441 MAIN STREET SPRINGFIELD CITY STATE	406
safety deposit bo Name of Bank, E Mailing Address	Depository, etc. TD BANKNORTH NA 1441 MAIN STREET SPRINGFIELD CITY STATE	406
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. TD BANKNORTH NA 1441 MAIN STREET SPRINGFIELD CITY STATE	406
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	Depository, etc. TD BANKNORTH NA 1441 MAIN STREET SPRINGFIELD CITY STATE	406