11030691746

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVE 2011 NOV 23 AM 8: 19
FEC MAIL CENTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	e Example:If typing, type over the lines.	12FE4M5	The state of the s	
JACK UPPAL	FOR CON	GRESS	<u> </u>	· <u>[</u>	
ADDRESS (number and street)	11213 01	ERLAND LIN			
(Check if address					
is changed)	LINCOLIN 1956481-				
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only c	one e-mail address)			
(Check if address	ALLOGIMALLLOCIC	> ₁ M _{1 1 1 1}			
is changed)		_ [<u> </u>	1 1 1 1 1 1 1 1 1	
			• •.		
COMMITTEE'S WEB PAGE ADD		, ,	• • •		
(Check if address is changed)	JACKUPP	AL-COM	•		
2. DATE 11 1	4 2011				
3. FEC IDENTIFICATION NU	JMBER C	n penerapanan gin megamananan mijasanyan engaman Maneritanan di samilikana tanah dalam di santitan si		•	
4. IS THIS STATEMENT	NEW (N) OI	R AMENDED (A)		
I certify that I have examined th	nis Statement and to the	best of my knowledge and beli	ef it is true, correc	t and complete.	
Type or Print Name of Treasurer	KATHRY	N UPPAL			
Signature of Treasurer	Hay U.	per C	Date	1 4 2011	
NOTE: Submission of false, errone	•	ation may subject the person signi MATION SHOULD BE REPORTE	•	•	
Office Use		For further information Federal Election Communication		FEC FORM 1	

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TYPE OF COMMITTEE						
Cendidate Committee:						
(a)	V	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		JACK UPPAL				
Cand Party	idate Affiliatio	on DEM Sought: V House Senate President	tate こん istrict 0 4			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Secrety Linear A			
Name Cand						
Part	y Con	nmittee:	paratio			
(d)			ocratic, dican, etc.) Party.			
Polit	ical A	action Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:			
		Corporation Wo Capital Stock Labo	or Organization			
			perative			
		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 Leadership PAC. (Identify sponsor on line 6.)				
**************************************	······································		dispersal industries of the latter of			
Join		draising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, none of which is an authorized committee of a federal candidate.	nore political			
	Com	nmittees Participating in Joint Fundraiser	and the second of the second o			
	1.	FEC ID number C				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					
	-		<u> Serralbani Serralbani di</u>			

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_	FEC Form 1 (Revised (Page 3
١	Write or Type Committee Name		
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
,			1 1 1 1 1 1
L	<u> </u>		<u> </u>
L			<u> </u>
1	Mailing Address		
		CITY STATE ZI	P CODE
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
7.	Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committee
	Full Name [K, A, T,]	KRYN UPPAL	
	Mailing Address	1,21,8, 9,ERLAND, LN.	
	·	1	
		[L] NCOLN [9,567	1.81-1 1
	Title or Position		P CODE
	[T, R, E, A, S, U, R, E, R,	Telephone number $[9,1,6]$ - $[5,4]$	3-6322
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name of Treasurer	IRYN, U.P.PAL	
	Mailing Address	11,2,1,8, O, V, E, R, L, A, N D, L, N	
		1L1 N COLIN 19564	8 - , , ,
	Tille on Desires		P CODE
	Title or Position [T, R, E, A, S, U, R, E, R,	Telephone number 19161-1514	3-6322

9.

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			· N
Full Name of Designated Agent			
Mailing Address			111111
	CITY	STATE	ZIP CODE
Title or Position	5		2 0052
		Telephone number	
Name of Bank, Depository,	etc.		funds, holds accounts, rents
Mailing Address	705 5 HIGHWAY	65	
	LINCOLN		19:516:4181-1
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
	<u> </u>	!	
Mailing Address			<u> </u>
	L		
	CITY	STATE	ZIP CODE

Federal Election C ENVELOPE REPLACEMENT PAGE F The FEC added this page to the end of this f	OR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or S	signature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registrat	Date of Receipt ion Office
Received from Senate Public Records Office	Date of Receipt ce
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
EL .	11/23/11
PREPARER	DATE PREPARED

(3/2005)