PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Congressional Task Force on Human Trafficking 20 F ST NW FL 7 ADDRESS (number and street) (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS taskforce@unwht.org (Check if address is changed) Optional Second E-Mail Address ∣info@ctfht.us COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00572644 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) 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. CARY L PETERSON Type or Print Name of Treasurer CARY L PETERSON [Electronically Filed] 02 12 2015 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Only

Toll Free 800-424-9530 Local 202-694-1100

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	COMMITTEE te 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. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affilia	Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:  (National, State (Democratic,
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Political	Action Committee (PAC):
(e) X	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
	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.)
Joint Fun	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.
Coi	mmittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	FEC ID number
3.	FEC ID number
4.	

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Write or Type Committee Na	ame	
Congressiona	I Task Force on Human Trafficking	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
American Diplomation	Mission for World Peace	
Mailing Address	66 Sumo Village Court	
Mailing Address		
	Newark NJ	07114
	CITY STATE	ZIP CODE
	CITY STATE	ZIP CODE
Relationship: X Connec	cted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
<ol> <li>Custodian of Records: I books and records.</li> </ol>	dentify by name, address (phone number optional) and position of the	e person in possession of committee
CARY	L PETERSON	
Full Name		
Mailing Address	848 N RAINBOW BLVD	
3	SUITE 3419	
	LAS VEGAS NV	89107
Title or Position	CITY STATE	ZIP CODE
PRESIDENT		-   -
	Telephone number	
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committ g., assistant treasurer).	tee; and the name and address of
	PETERSON	
of Treasurer	1949 N BAINDOW PLVD	
Mailing Address	848 N RAINBOW BLVD	
	SUITE 3419	
	LAS VEGAS NV	89107
Title or Position	CITY STATE	ZIP CODE
PRESIDENT		

Telephone number

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE :	ZIP CODE
Title or Position		1 1
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds ixes or maintains funds.  Depository, etc.  Bank of Guam	accounts, rents
safety deposit bo	xes or maintains funds.  Depository, etc.	accounts, rents
safety deposit bo Name of Bank, D	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CA  94104	zip code
safety deposit bo Name of Bank, D	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CITY  STATE	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CITY  STATE	
safety deposit bo Name of Bank, E Mailing Address	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CITY  STATE  Depository, etc.	
safety deposit bo Name of Bank, D Mailing Address  Name of Bank, D	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CITY  STATE  Depository, etc.	
safety deposit bo Name of Bank, D Mailing Address  Name of Bank, D	Depository, etc.  Bank of Guam  404 Montgomery St.  San Francisco  CITY  STATE  Depository, etc.	

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor United Nations War on Human Trafficking Association 757 Third Avenue Mailing Address 10017 New York **CITY** STATE 4 ZIP CODE Relationship: **Connected Organization** Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number