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STATEMENT OF **ORGANIZATION**

2009 AUG 17 AM 8: 37

FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) DUMP, RELIDE POLLITICAL ACTICON COMMITTEE ADDRESS (number and street) (Check if address is changed) $\mathbf{W}_{\mathbf{V}}$ STATE CITY ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) or All Property (as S 0. . COMMITTEE'S WEB PAGE ADDRESS (URL) 10 MP1R1E1 11D1.1C101M1 (Check if address is changed) ് എ ഉത്യക്ത DATE **FEC IDENTIFICATION NUMBER** 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. MUTH Type or Print Name of Treasurer 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 02/2009) Toli Free 800-424-9530 Only

Local 202-694-1100

Haji kaca danayan jarah

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F	EC Fo	rm 1 (Revised 02/2009)	Page 2				
	_	OMMITTEE					
Can	didate	Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate information below.)							
(b)	b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidinformation below.)						
Name Candi							
Candi Party	idate Affiliatio	Office Sought: House Senate President	State				
(c)	X	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candi		HARRY REID					
Part	y Con	mittee:					
(d)			Democratic, epublican, etc.) Party.				
Polit	ical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political				
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	Or more political				
·· <i>·</i>		committees/organizations, none of which is an authorized committee of a federal candidate.	of more political				
	Com	Committees Participating in Joint Fundraiser					
•	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	А						

	FEC Form 1 (Revised (12/2009)			Page 3
٧	Vrite or Type Committee Name				
6.	Name of Any Connected C	Organization, Affiliated Committee, Join	t Fundraising Repres	entative, or Leadersh	ip PAC Sponsor
L	<u> </u>	<u> </u>	<u> </u>		
<u>L</u>	Mailing Address				
	Maining Address			11111	
		CITY		STATE 2	ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Re	epresentative DLead	dership PAC Sponsor
—- 7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position	of the person in poss	ession of committee
	Full Name CHA	RLES MUTH	<u> </u>		
	Mailing Address	767 BENEDICT	DRIVE		
		<u></u>			
		LAS VEGAS	البيب	NY 18911	10
	Title or Position	CITY	S	TATE Z	ZIP CODE
	TREASURER		Telephone numbe	17:012-15:	3 ₁ /]-[<i>5₁5₁5₁/</i>]
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the co	ommittee; and the nam	ne and address of
	Full Name of Treasurer	PLES MUTH			
	Mailing Address	1767, BENEDICIT	DRIVE		
				111111	
		LAS VEGAS		N'N (8,9,7, 4)	PIP CODE
] .	Title or Position TRIE ASUREIR		Telephone numbe	r <u> 7,0,2</u> - <u> 5,</u>	<u>311-5551</u>

9.

FEC Form 1 (Revise	d 02/2009)		Page 4			
			<u></u>			
Full Name of Designated Agent	RILIEIS MUTH					
Mailing Address	767 BIENEDIICITI DRIIV	E	<u> </u>			
	LAS VEGAS	I WU	89,1,1,0-			
	CITY	STATE	ZIP CODE			
Title or Position $ T_1R_1 \in A_1S_1 \cup R_1 \in R_1$	Telepho	one number [7]	0121-151311-15151511			
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.					
5'ERI	VIICIG IISITI BANKI I I I	 				
Mailing Address	181916151 BI IEASTIERN SIL	1117 = 1191	0			
	WWW.	11]111				
	LAS VEGAS	<u> W</u> V	8,9,1,2,3-			
	CITY	STATE	. ZIP CODE			
Name of Bank, Depository,	etc.					
•						
لبب						
Mailing Address						
		ليا لي				
	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.					
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No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Business					
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				
Other (Specify):	ceipt or Postmarked				
Eu	8/17/09				
PREPARER (3/2005)	DATE PREPARED				