PU PU 110305727

FEC

STATEMENT OF

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FORM 1		1	ORGANIZATION				1 '				
		ŀ		(See instruct	ions)		ļ	Office	use only		
1.	NAME OF COMMITTEE (n full)		(Check if name is changed)	Exa	imple: If typying, type or the lines	12FĘ	4М5			
L	Guardian Le	adershij	PAC					1111	1111		
L							ш				
ΑD	DRESS (number ær	d street)	2140	Three M Trail		<u> </u>	<u> </u>			1-1-1	
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Ц	is changed)		PeL	and	111		LFL	نسا	32720 _		
					CITY	1	STATE		ZIP CODE	•	
co	MMITTEE'S E-M	AIL ADDF	RESS (Pleas	e provide only one	e-mail ad	dress)					
П	(Check if addre	88	gwil	dercpa@hotma	il.com					لحب	
Li	is changed)		لبيا								
СО	MMITTEE'S WEI	B PAGE A	.DDRESS (L	IRL)							
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2.	DATE 0	M ′	09 ′ `	20,11,							
3.	FEC IDENTIFIC	ATION N	UMBER		С]				
· 4 .	IS THIS STATE	MENT	X NEV	V (N) OR		AMENDED (A)					
				 					 		
i ce	tify that I have exa	mined this	Statement and	I to the best of my kno	owledge ar	nd belief it is true, correct a	nd complete				
Тур	e or Print Name	of Treasur	er	Gregory B Wilde	er						
			Har	12 P	Wh	10	1	איש / ס	. 및 / Y	Y.Y.Y	
Sigi	nature of Treasur	or i	Wigg	Start 4)		<u> </u>	Date	0,2" "	ا للا	2011°	
NO	FE: Submission of f	alse, erron				ne person signing this State			J.S.C. §437g.		
	Office Use					For further Information Federal Election Commis		FE	C FORM	11	
	Only		<u> </u>			Toll Free 800-424-9530 Local 202-694-1100	GIVI I		levised 02/200		

		FEC F	Form 1 (Revised 02/2009)	Page 2		
5.	TYPE OF COMMITTEE (Check One)					
	Candidate 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 information below.)	e candidate		
	Name of Candidate					
		lidate Affiliati	ion Sought: House Senate President	State		
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Cand	e of lidate		· 		
	Party	Comm	nittee:			
	(d)			emocratic, publican,etc.) Party.		
	Politi	ical Act	tion Committee (PAC):			
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:		
		ld	Corporation Corporation w/o Capital Stock Labor	Organization		
			Membership Organization Trade Association Coope	erative		
	40		In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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	Fundra	nising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political		
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political		
		Com	mittees Participating in Joint Fundraiser			
			1. FEC ID number C			
			2. FEC ID number C			
			3. FEC ID number C			
			FEC ID number			

2/2009)		Page 3
AC		
ganization, Affiliated Committee, Joint Fund	raising Representative, or Lea	dership PAC Sponsor
	<u> </u>	1111111
1641 NW 107th Lane	<u>.i. </u>	
1		
Plantation		33322 _ _
CITY▲	STATE A	ZIP CODE A
Affiliated Committee Joint	Fundraising Representative	K Leadership PAC Sponsor
entify by name, address, (phone number - books and records. ry B Wilder 2140 Three M Trail	optional), and position of the	ne person in
DeLand	FL	32720 _
CITY A	STATE Telephone number 386	ZIP CODE & - 943 - 9363
		ittee; and the
ry B Wilder		
2140 Three M Trail		
DeLand	FL	32720 -
CITY A	STATE &	ZIP CODE A
	Telephone number	_ 943 _ 9363
	ganization, Affiliated Committee, Joint Funds 1641 NW 107th Lane	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea 1641 NW 107th Lane

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Full Name of Designated Agent							
Mailing Address							
Title or Position ♥	CITY A	STATE A	ZIP CODE A				
	Te	ephone number					
Banks or Other Deposit safety deposit boxes or n Name of Bank, Deposito	naintains funds.	e committee deposits funds, h	olds accounts, rents				
Mailing Address	230 North Woodland Boulevard						
	DeLand	5	32720				
	CITY 🗻	STATE 4	ZIP CODE 🛕				
Name of Bank, Depository, etc.							
L							
Mailing Address							
		ا ليا ليـ	لىسا-لىس				
	CITY 🙇	STATE 4	ZIP CODE A				

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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Postmark Illegible						
No Postmark						
Overnight Delivery Service (Specify):	UPS	Shipping Date 2/11/11				
	Next Busir	ness Day Delivery				
Received from House Records & Registra	tion Office	Date of Receipt				
Received from Senate Public Records Off	ice	Date of Receipt				
Received from Electronic Filing Office		Date of Receipt				
Other (Specify):	Date o	f Receipt or Postmarked				
h	-	2/16/11				
PREPARER (3/2005)		DATE PREPARED				