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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

<u>_</u>			2012 Office Use Only					
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 AM 7: 04					
LARRY MILLSIRE POT CONGINESS								
ADDRESS (number and street)	IPU BUX 18	31.7.85						
(Check if address is changed)								
•	Son Dieg		C.A. 9.2.13.8- ZIP CODE ▲					
COMMITTEE'S E-MAIL ADDRESS								
(Check if address is changed)	LarryWil	SKel@LARNYWI	Sike COM					
, ,	Optional Second E-Mail	Address						
COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) ARRUWIIISIRE COM								
2. DATE 12/26/2013								
3. FEC IDENTIFICATION NUMBER ▶								
4. 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.								
Type or Print Name of Treasurer LARRY WILSTEL								
Signature of Treasurer July Milsho Date 12 26 2013								
NOTE: Submission of laise, 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 Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	FCL PURING					

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5.	TYPE	OF C	OMMITTEE							
	Can	didate	Committes:							
	(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.)							
		lame of CARY A WILSULE								
	Cand Party	idate Affiliatio	on REP Office State CA Note: Thouse Senate President 53 District 53							
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Candi									
	Part	v Com	mittee:							
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, 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 is a:							
		Control and Control	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 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.)									
	Join	t Fund	raising 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 fundralsing expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.							
	Committees Participating in Joint Fundraiser									
		1.	LANTYWIIISING FOR CAMPRESS FEC ID number C							
		2.	FEC ID number							
		3.	FEC ID number							
		4.	FEC ID number C							

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Write or Type Committee Name	
LARRY Wilsie FUR CONG	RESS
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundr	
LARRYWILSKE POIR I CONGRESS	81 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address \$\\\P\ 0 \B 0 \X\ 8 785	
5910119911111	11 KA 1921385-L
СПУ	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee	Fundralsing Representative III eadership PAC Spans
indicatorapy and control of the second contr	and along representative a paddership r AO Sports
. Custodian of Records: Identify by name, address (phone number optional books and records.	al) and position of the person in possession of committee
Full Name LARRY Wilske	<u> </u>
Mailing Address PO BIOIXI 1817 851 1	
San Dilego	11 KA 192138-L
Title or Position · CITY	STATE ZIP CODE
M.C	lephone number 6,1,9,-15,1,9,-10,6,5,5
. Treasurer: List the name and address (phone number optional) of the trea any designated agent (e.g., assistant treasurer).	surer of the committee; and the name and address of
Full Name of Treasurer LARRY WILLSIKE	
Mailing Address PO BOX 81785	
	
5.9m 0.1.830	11 KA 192138-L11
CITY Title or Position	STATE ZIP CODE
W (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ephone number 619-519-0659

Full Name of Designated Agent	CARRY Wilska							
Mailing Address	PO BOY 81785							
	1590 Diago	STATE	72138-L ZIP CODE					
Title or Position	<u>IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</u>	none number 4	191-15719-19659					
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.								
	Wells FARGO Bank	<u> </u>						
Mailing Address	VIZAS RIGSIECTIGIASI ISI	7						
	Sian Duagia		92106-					
•	CITY	STATE	ZIP CODE					
Name of Bank,	Depository, etc.							
Mailing Address		<u>. I. J. J. J. J. J. J. J.</u>						
		11111						
	L	ليا ليا	لىسا-لىسا					
	CITY	STATE	ZIP CODE					

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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. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): 13/31/1> DATE PREPARED