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FEC FORM 1

STATEMENT OF ORGANIZATION

FEC MAIL CENTER

2018 NOV 26 AM 11: 26

Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5				
CLANTED 5	TATES BA	SEBALLI	PLAYERS FEDERAL				
ADDRESS (number and street)	929 SW	1574 57	REET.				
(Check if address is changed)	DEER FIEL	DEACH	FG 133441-6226				
COMMITTEE'S E-MAIL ADDRESS		CITY	STATE ZIP CODE				
		AROSER US	A. COM				
سيبسبب							
COMMITTEE'S WEB PAGE ADDR	• •	ONGOMMIT	TEES DIRECTORY. COM				
		<u> </u>					
COMMITTEE'S FAX NUMBER							
2. DATE 77 17	2008						
3. FEC IDENTIFICATION NUM	IBER C Ø	0456087					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	·				
I certify that I have examined this Type or Print Name of Treasurer	Statement and to the best	of my knowledge and belief it	-				
Signature of Treasurer			Date // 17 2008				
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.							
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TYPE OF C	OMMITTEE Committee:		
(a)	This committee is a principal campaign con	nmittee. (Complete the candidate in	formation below.)
(b)	This committee is an authorized committee, information below.)	, and is NOT a principal campaign	committee. (Complete the candidate
Name of Candidate	<u> </u>		
Candidate Party Affiliation	Office on Sought:	House Senate	State President District
(c)	This committee supports/opposes only one	candidate, and is NOT an authoriz	red committee.
Name of Candidate			
Party Con			
(d)		ational, State subordinate) committee of the	(Democratic, Republican, etc.) Part
(1)	Membership Organization This committee supports/opposes more that committee. (i.e., nonconnected committee) In addition, this committee is a Leader		
Joint Fund	raising Representative: This committee collects contributions, pays fu		et proceeds for two or more political
/L\	committees/organizations, at least one of whi	ch is an authorized committee of a f	
(n)	committees/organizations, at least one of whi This committee collects contributions, pays fu committees/organizations, none of which is an	indralsing expenses and disburses n	ederal candidate. et proceeds for two or more political
	This committee collects contributions, pays fu committees/organizations, none of which is as	indralsing expenses and disburses n	ederal candidate. et proceeds for two or more political
Com	This committee collects contributions, pays fu	indralsing expenses and disburses n	ederal candidate. et proceeds for two or more political candidate.
(h) Comi 1. 2.	This committee collects contributions, pays fu committees/organizations, none of which is as	indraising expenses and disburses n in authorized committee of a federal o	ederal candidate. et proceeds for two or more political candidate. mber
Com	This committee collects contributions, pays fu committees/organizations, none of which is as	indralsing expenses and disburses non authorized committee of a federal of the fe	ederal candidate. et proceeds for two or more political candidate. mber C mber C
Com: 1. 2.	This committee collects contributions, pays fu committees/organizations, none of which is as	indraising expenses and disburses in authorized committee of a federal of the fed	ederal candidate. et proceeds for two or more political candidate. mber C mber C

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	FEC Form 1 (Revised Write or Type Committee Name				Page 3
6.	Name of Any Connected (Organization, Affiliated Committ	see, Leadership PAC Spo	nsor or Joint Fundi	alsing Representative
Ĺ					
	Mailing Address			11111	
		CITY		STATE	ZIP CODE
	Relationship: Connected Organization	Affiliated Committee	Leadership PAC Spor	Noor loint Eur	draising Representative
_	Comiscion Organization	Annated Committee			draining hepresentative
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone nu	ımber optional) and pos	sition of the person	in possession of committee
	1		1056		
	Full Name	OSUE CAR	OSE	TOCCT	
	Mailing Address	19/2/10/01	1791116	Jen CCI	
			<u> </u>		
		DEEX FIELD	a DCH	EU L	344- DAGE
	Title or Position	CITY		STATE	ZIP CODE
	TREASUR	K	Telephone no	umber 259	^e 1354-10328
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optic assistant treasurer).	onal) of the treasurer of the	ne committee; and t	he name and address of
	Full Name of Treasurer	PSUE CA	ROSE	1	1
	Mailing Address	929 DW	15/11/3	TREET	
		DEEK FIELD	a BEACH	KG B	3441-6274 ZIP CODE
	Title or Position TREASURE	R	Telephone nu	ımber 259	-1208-12309

CITY

STATE

ZIP CODE

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Name of Bank, Depository, etc.

Mailing Address

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(3/2005)

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