

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full) [ ] (Check if name is changed) Example: If typing, type over the lines.

PRO-LIFE CANDIDATES

ADDRESS (number and street)

PO BOX 910

[ ] (Check if address is changed)

ROMNY

WV

26757

0910

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

[ ] (Check if address is changed)

MMMCCONNON@BELLSOUTH.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

[ ] (Check if address is changed)

2. DATE

MM/DD/YYYY

3. FEC IDENTIFICATION NUMBER

C C00531558

4. IS THIS STATEMENT

[ ]

NEW (N)

OR

[X]

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

MURIEL MCCONNON

Signature of Treasurer

Muriel M Connon

Date

10 / 22 / 2012

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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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

12030934773

5. TYPE OF COMMITTEE

**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 candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President State \_\_\_\_\_ District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  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  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.)

**Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. ALAN AVERSA FOR CONGRESS | FEC ID number C 00531715
2. GEORGE KRAIL FOR CONGRESS | FEC ID number C 00531707
3. ANGELA MICHAEL FOR CONGRESS | FEC ID number C 00511816
4. DAVID LEWIS FOR CONGRESS | FEC ID number C

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Write or Type Committee Name

PRO-LIFE CANDIDATES

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

MURIEL MCCONNON

Mailing Address

30 BLACK BIRCH CT

ROYAL PALM BEACH

FL

33411

1654

Title or Position

CITY

STATE

ZIP CODE

BOOKKEEPER

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

MURIEL MCCONNON

Mailing Address

30 BLACK BIRCH CT

ROYAL PALM BEACH

FL

33411

1654

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

12030934775

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. 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.

FNB BANK

Mailing Address

PO BOX 1037

[Empty grid for Mailing Address line 2]

ROMNEY WV 26757-1037

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

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Federal Election Commission  
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Other (Specify): Date of Receipt or Postmarked

*[Signature]*  
PREPARER

10/31/12  
DATE PREPARED

1203093477