## STATEMENT OF

RECEIVED

FORM 1		ORG	ANIZA	TION	2		2 AM 10: 42	
1. NAME OF COMMITTEE (in	n full)	(Check is char	if name nged)	Example:If over the line		12FE4M	E-0E 11   E-1(	
ELECT MI	CHAE	ĻŅIĻĻI	AMSON	 			<del>                                     </del>	لىب
		<u> </u>		1 1 1 1				
ADDRESS (number a	nd street)	26861	TRABU	ÇO RO	AD, SU	ITE E-2	215	لببيا
(Check if a is changed)		MISSIC	N VIEJ	<b>O</b>		CA	92691	
			CI	ΤΥ		STATE	ZIP CO	DE
COMMITTEE'S E-MA	address	S (Please provid			LIAMSC	N@YA	.HOO,GO	<u>M</u>
COMMITTEE'S WEB  (Check if is change	address	RESS (URL)	ĘĻĘÇŢI	МІСНА ————————————————————————————————————	ELWILL	IAMSC	Ņ.COM	 
2. DATE Ö6	5 <sup>m</sup> / 25	° ′ 2012	Y					
3. FEC IDENTIFIC	CATION NU	MBER	С		· ·			
4. IS THIS STATE	MENT 🗵	NEW (N)	OR	AN	MENDED (A)			
I certify that I have o	examined thi	s Statement and	d to the best o	f my knowled	ge and belief it	is true, correc	ct and complete.	
Type or Print Name	of Treasurer	DANN	A L. WI	LLIAM	SON			
Signature of Treasure	er <u> </u>	unn	us.	ull	len-	Date Ö6	<b>5</b> ′ <b>2</b> 5° ′ ;	Ž0'1Ž
NOTE: Submission of		ous, or incompted					•	U.S.C. §437g.
Office Use				Federal	her information control contro		FEC FOF	

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2				
TYP	E OF C	OMMITTEE					
Car	ndidate	Committee:					
(a)	$\times$	This committee is a principal campaign committee. (Complete the candidate information belo	w.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	omplete the candidate				
Nam Can	ne of didate	MICHAEL DALE WILLIAMSON					
	didatë y Affiliati	on DEM Office Sought: X House Senate President	State CA District 42				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:					
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its o	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, thie committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	nt Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds fo 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.					
	Com	mittees Participeting in Joint Fundraiser					
	1.	FEC ID number C					
	2.	FEC ID number C					
	3.	FEC ID number C					
	4.	FEC ID number C					
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FEC Form 1 (Revised (	)2/2009)	Page 3
Write or Type Committee Name	ı	
ELECT MICHAE	EL WILLIAMSON	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name DANN	IAL, WILLIAMSON	
Mailing Address	26861 TRABUCO ROAD, SUITE E-215	
	MISSION VIEJO CA 9269	1
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number [949] - [69	97,
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nates assistant treasurer).	me and address of
Full Name of Treasurer	IA.L. WILLIAMSON	
Mailing Address	26861 TRABUCO ROAD, SUITE E-215	
	MISSION VIEJO CA 9269	
Title or Position TREASURER	CITY STATE  Telephone number [949] - [69]	ZIP CODE 

-	FEC Form 1 (Rev	ised 02/2009)		Page 4
	Full Name of Designated Agent	NA, L. WILLIAMSON		
	Mailing Address	(26861 TRABUCO ROAD, SUITE	E <sub>T</sub> 215	
		MISSION VIEJO	<u>CA</u>	92691
	Title or Position	CITY Telephone	STATE number 94	ZIP CODE 9
	<del></del>			
9.	Banks or Other Deposit safety deposit boxes or n	torles: List all banks or other depositories in which the comnaintains funds.	mittee deposits	funds, holds accounts, rents
	Name of Bank, Depositor	ry, etc.		
			<del></del>	
	Mailing Address			
			ليال	
		CITY	STATE	ZIP CODE
	Name of Bank, Depositor	ry, etc.		
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	Mailing Address			
			ليال	<u> </u>
		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** 6/29/12 **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** 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): DATE PREPARED