## 12030890800

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED 7

2012 MAY -1 AM 9: 08

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	5					
COMMITTEE ]	O ELECT	BILL LESTER	C.O.U.G	Shessman .					
	<u>.                                      </u>								
ADDRESS (number and street)	1203 PHIN	CE STREAT							
(Check if address									
is changed)	BEICKLEY		للسا	125181011-1111					
		CITY	STATE	ZIP CODE					
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)									
(Check if address	WILIEISITIEIBIL	IAIW@IAIOILI I CIOIMI	11,111						
is changed)									
COMMITTEE'S WEB PAGE ADD	DRESS (URL)								
(Observed if and decomposition	WWW.BILL	LESTERYCOUG	BESSI	Com					
(Check if address is changed)	<u> </u>		<del>                                     </del>						
2. DATE 5 4 7 3	か よらしょ		1028	ASSIGNED					
3. FEC IDENTIFICATION NU	IMBER C		IU DC	AJJA JACE					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)							
I certify that I have examined th	is Statement and to the b	est of my knowledge and belief it	t is true, corre	ct and complete.					
Type or Print Name of Treasurer	Haula Fr	ydrych							
Signature of Treasurer	anapol		Date 🖔	L104, 54, h					
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.									
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)					

FEC FO	m 1 (Hevised 02/2009)			Page Z				
TYPE OF C	OMMITTEE							
Candidate Committee:								
(a)	This committee is a principal campaig	gn committee. (Complet	e the candidate infor	mation below.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate	BILL LESITER							
Candidate Party Affiliation	on $NFP$ Office Sought:	X House	Senate	President State WV District D3				
(c)	This committee supports/opposes onl	y one candidate, and is	NOT an authorized	committee.				
Name of Candidate	BILLILIEBTER							
Party Con	nmittee:	/Nictional Chata		(Damagashia				
(d)	This committee is a	(National, State or subordinate) com	mittee of the	(Democratic, Republican, etc.) Party.				
Political A	ction Committee (PAC):							
(e)	This committee is a separate segrega	ated fund. (Identify conn	ected organization on	line 6.) Its connected organization is a:				
	Corporation	Corporati	on w/o Capital Stock	Labor Organization				
	Membership Organization	Trade Ass	sociatica)	Cooperative				
	In addition, this commi	ttee is a Lobbyist/Regist	rant 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 PA	C.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Joint Fund	raising Representative:							
(g)	This committee collects contributions, prommittees/organizations, at least one							
(h)	This committee collects contributions, p							
Com	mittees Participating in Joint Fund	raiser						
1.		111111	FEC ID numb	er C				
			FEC (1) numb	er C				
2.								
3.			FEC ID numb	er C				
4.			FEC ID numb	er C				

_	FEC Form 1 (Revised 02/2	009)	Page 3
v	Vrite or Type Committee Name		
	Committee to	offict Bill Luter Congrusman	
6.	Name of Any Connected Orga	nization, Affillated Committee, Joint Fundraising Representative, or Leadership I	PAC Sponsor
L			
L			
	Mailing Address	<u> </u>	
	1		1-1 , , , 1
	_	CITY STATE ZIP	CODE
	Balakarahia Gamaadad Or	Affiliated Committee Latest Foundation Committee	.bi- DAO 0
	Relationship: Connected Org	ganization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
7.	books and records.	by name, address (phone number optional) and position of the person in possess	sion of committee
	· • • • • • • • • • • • • • • • • • • •	100,100,101	
	Full Name KINIULIA	- FNVDRVCH	
	Mailing Address	O CEDAN DHIVE	
	L		
	1/4	Wanicane wy 1252	<b>0</b>  -
	Title or Position		CODE
	THE OF TOSHOT	OH SIALE ZIF	CODE
	TINCASUNER	Telephone number BIDIU - [2,0]	6PT01-18
8.	Treasurer: List the name and ad any designated agent (e.g., assis	dress (phone number optional) of the treasurer of the committee; and the name $\epsilon$ stant treasurer).	and address of
	of Treasurer	FAYDAYCH	
	Mailing Address	D. C.E.DAB DATIVE	
	I		_ 
	<i>1</i> 11	WANICANE LANGE BY ASSAI	ا ا
	<u> </u>		CODE
	Title or Position	Telephone number 3014-6101	1-1/24.0 Ji
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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** 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):