## 2016 · 08 · 15 · 0M · 00094802

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

Office Use Office Use AH 11: 55

١.	NAME OF			
	COMMITTEE	(in	full)	

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

AMBRICA THE HOMESTERD MATIONAL IMPROVEMENT COACITION OF

ADDRESS (number and street)

13731 SYLVAN STREET # 9

(Check if address is changed)

VAN MUYS

CA

91401

CITY A

STATE A

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Into ethehnica. com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address Thehnica. com is changed)

- DATE 08/10/2016
- FEC IDENTIFICATION NUMBER ▶

C 00603209

IS THIS STATEMENT

NEW (N)

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

EMAN SPAULDING

**OR** 

Signature of Treasurer

08/10/2016 Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

ANT CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DATS.			
Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

FEC F	form 1 (Revised 02/2009)					Page 2
TYPE OF	COMMITTEE					
Candida	te Committee:					
(a)	This committee is a principal	campaign comn	nittee. (Complete th	e candidate info	ormation below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate						
Candidate Party Affilia	▼.	ffice ought:	House	Senate	President	State
•						District
(c)	This committee supports/oppo	oses only one ca	andidate, and is NO	OT an authorize	d committee.	
Name of Candidate						
Party Co	mmittee:					
(d)	This committee is a		ional, State ubordinate) committ	ee of the		(Democratic, Republican, etc.) Par
Political .	Action Committee (PAC):					
(e)	This committee is a separate	rate segregated fund. (Identify connected organization on line 6.) Its connected organization		onnected organization is		
	Corporation		Corporation w	/o Capital Stoc	k	Labor Organization
	Membership Organiz	ation	Trade Associa	ation		Cooperative
	In addition, thi	s committee is a	Lobbyist/Registrant	PAC.		
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)					
	In addition, this commi	ittee is a Lobbyis	t/Registrant PAC.			
	In addition, this commi	ittee is a Leaders	hip PAC. (Identify s	ponsor on line 6	.)	
Joint Fun	draising 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 contrib committees/organizations, non		~ .		•	two or more political
Cor	mmittees Participating in Join	it Fundraiser				
1.				FEC ID num	ber C	
2.				FEC ID num	ber C	
3.				FEC ID num	ber C	
				FFC ID		

Write or Type Committee Name

THE HUNGSTERD NATIONAL INTROVENEUT CARLITAN OF AMERICA

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

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

Full Name O'LESTER SMETH

Mailing Address 13731 SYLVAN STREET # 9

VAN MUYS

CA

91401

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

3. **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

EMAN STAULDING

Mailing Address

4015 E

FLANDRE LOVE LOURT

FLORISSALT

MO

63034

,

CITY

STATE

ZIP CODE

Title or Position

Telephone number

TREASURER

9.

Mailing Address

Full Name of Designated Agent	SMITH				
Mailing Address 13731	SYLVAN STIREOT # 9				
Title or Position	VAN NOYS	CA STATE	ዓነ <b>식ь \</b> ZIP CODE		
Custodians of Rec	.08 <i>D</i> 2	Telephone number			
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.					
Mailing Address 7.5. Box 13695					
PHILR	a secoltia	PA	19101		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository, etc.					

CITY

STATE

ZIP CODE

774E 0000 05P0 2LD7

SELECTION DESCRIPTION OF SELECTION OF SELECT

CA GILLON

31 Say Links " HE

POSTAL SERVICE

U.S. POSTAGE PLORISSANT, MO 63033 AUG 10, 16 AMOUNT **\$ 10.25** R2305M149009-06

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss Day Delivery
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
Other (Specify):	Receipt or Postmarked
PREPARER	8/15/16 DATE PREPARED
(3/2015)	DATE FILEARED