## 14031222807

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED
2014 APR 21 AM 7:11

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	HAIL CENTER	
FiriteInidist 10151	Jiancioibi iBirii				
ADDRESS (number and street)	P101 1B101X1 1414	1611111			
<ul><li>(Check if address is changed)</li></ul>	4191511/11-16111	12151 IRIOIQIDI I I			
	HICOIDICISIONO CITYA		TIN 318	ZIP CODE	
COMMITTEE'S E-MAIL ADDRES	ss				
(Check if address is changed)	BICLI IMM FIOLS IC	nomenticizis (eigi m	اعانيال احتماد	<del></del>	
COMMITTEE'S WEB PAGE ADD  (Check if address is changed)  M M M / D	www.Jacob	BITIIMMACOM			
2. DATE <b>()</b> 4 (	\$ 2014				
3. FEC IDENTIFICATION NU	JMBER ▶ C				
4. IS THIS STATEMENT /	NEW (N) OR	AMENDED (A)			
I certify that I have examined the Type or Print Name of Treasurer			is true, correct and	complete.	
Type of Fine Name of Houses	UEANE DEN				
Signature of Treasurer	lemie B		Date O 4	15 2014	
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 Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)	

5.

12010	1. 1 (1.00000 002200)						
	COMMITTEE e 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	Jacob Brimm						
Candioate Party Affiliati	ion REP Office State TM Sought: House Senate President District C						
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate		ļ 					
Party Con							
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Part	ty.					
Political A	Action Committee (PAC):						
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	3 a:					
	Corporation Wo Capital Stock Labor Organization						
	Membership Organization Trade Association Cooperative						
	In additim, this committee is a Lobbyist/Registrant PAC.						
<b>(f)</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee. (i.e., nonconnected committee)	ty					
In addition, this committee is at Lobbyist/Registrant PAC.							
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Joint Fund	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 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	nmittees Participating in Joint Fundraiser						
1.	FEC ID number C						
2.	FEC ID number C						
3.	FEC ID number C						
4.	FEC ID number C						

FEC Form 1 (Rev	ised 02/2009)	Page 3
Write or Type Committee		
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundralsing Representati	ve, or Leadership PAC Sponsor
MOME! !!!		
Mailing Address		
		·
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
<ol> <li>Custodian of Records books and records.</li> </ol>	: Identify by name, address (phone number optional) and position of the	e person in possession of committee
Full Name	1e1045101719 (1111111111111111111111111111111111	
Mailing Address		
•		
Title or Position	CITY STATE	ZIP CODE
<u> </u>	Telephone number	
	ne and address (phone number optional) of the treasurer of the committeg., assistant treasurer).	ee; and the name and address of
Full Name of Treasurer	janie Marije Brijan IIIII	
Mailing Address	P101 B101X1 1414161 1 1 1 1 1 1 1 1	
	Hiemdieirision Tiv	
Title or Position	CITY STATE	ZIP CODE
Ticleiaiswich	Telephone number	7061-141141-151703

FEC Form 1 (Revis	sed 02/2009)		Page 4			
Full Name of Designated Agent	1016 Daniell Brinne	<u> </u>				
Mailing Address	PIOI 1810171 1414161 1 1 1					
	HICKOLOGICISION IIIII	STATE	31813140 - LI I I I I I I I I I I I I I I I I I			
Title or Position  AISISI+1.171716	eISIUICICICI I I I I I	Telephone number Z <sub>1</sub>	06-414-5914			
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.						
الالماء	rytion Bianh hand T	riusiti i i i i				
Mailing Address	SIRIO IWI SILIMMITTI HI	ull Druvia	# 108			
	Kinicix Willes 1 1 1 1	TIM	3,79,021-			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository	, etc.					
لبنا	<del></del>					
Mailing Address						
		لبا لبب	<u> </u>			
	CITY	STATE	ZIP CODE			

のアプロ学工語の業件

地类型 2014年1421

BOX 446
Enderson, 7x 38340
RECEIVED AN 7:540
RECENTED AN 7:540

Federal Election Commission 999 E. Street, NW Washington DC 20463

20463

## **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** Postmarked **USPS Priority Mail Express** 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):