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FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

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	 (Check if address is changed) 		SUITE 404					<u> </u>	· · · · · · · · · · · · · · · · · · ·					لــنــنـ	
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4. IS	THIS STATE	MENT 🗸	NEW	(N)	OR		AMEN	DED (A)							
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Toll Free 800-424-9530 Local 202-694-1100

FEC Fo	orm 1 (Revised 12/2007)	Page 2								
	COMMITTEE									
(a)	te Committee: This committee is a principal campaign committee (Complete the capdidate information below)									
(b)	This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate									
Name of Candidate	information below.)									
Candidate Party Affiliat	Office tion Sought: House Senate President	State District								
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.									
Name of Candidate										
Party Cor										
(d)		(Democratic, Republican, etc.) Party.								
Political A	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 L	abor Organization								
	Membership Organization Trade Association C	cooperative								
(f) •	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party								
	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 o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political								
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political								
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									
5.	FEC ID number C									

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Write or Type Committee Nar	me	,
6. Name of Any Connected	Organization, Affiliated Committee, Leadership PAC Sponsor or J	oint Fundraising Representative
CONGRESS MA	M JOHN MACH	
Mailing Address	499 S. CAPITOL ST., SW	
	SUITE 404 :	
	WASHINGTON	20,003-
.	CITY STATE	E ZIP CODE
Relationship: Connected Organization	on Affiliated Committee Leadership PAC Sponsor	Joint Fundraising Representative
7. Custodian of Records: Id	entify by name, address (phone number optional) and position of the	ne person in possession of committee
	DON' ANGELHALD BO	
Full Name LIN	DSAY ANGERHOLZER	
Mailing Address	499 S. CAPITOL ST., SW	<u> </u>
	SUITE 404	
	WASHINGTON DO	200031-[
Title or Position	CITY STATE	ZIP CODE
	Telephone number	202-100-1145
	and address (phone number optional) of the treasurer of the commi	ttop: and the name and address of
any designated agent (e.g.,		wee, and the hame and address of
Full Name of Treasurer	DSAY ANGERHOLZER	<u> </u>
Mailing Address	499 S. CAPITOL ST., SW.	<u>:</u>
	SNITE 404	<u> </u>
	WASHINGTON	¥ [20003]-[;;
Title or Position	CITY STATE	ZIP CODE

Telephone number 202 - 499 - 1445

TREASURER

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 12/2007)

Full Name of Designated Agent

Mailing Address

Mailing Address

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™ or Signature Confirmation™ 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