RECEIVED FEC MAIL CENTER 2015 SEP 10 AM 7: 12

Committee Name:

Truth Ends Reefer Prohibition (TERP)

If registered, FEC ID:

Today's Date:

9/2/2015

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name: Daniel Victor

Treasurer

FEC FORM 1	-	STATEMEI DRGANIZ		FEC MAI	EIVED L CENTER QusABhy7: 12					
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5						
TRUTHE	NDSRE	EFIER PR	OHIBITION	(TERP)						
ADDRESS (number ar	nd street)	123 6RA	HAMDRIL							
(Check if a is changed		<u> </u>	1. · · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1						
		ARKSTION CITY A]]							
COMMITTEE'S E-MA	IL ADDRESS									
	(Check if address is changed) Optional Second E-Mail Address									
COMMITTEE'S WEB			perparcie org	<u>n</u>						
2. DATE	1) (0.2)	20.1.5								
3. FEC IDENTIFIC		► C								
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)										
I certify that I have e			t of my knowledge and belief i	t is true, correct and c	complete.					
Type or Print Name of Treasurer										
Signature of Treasure	r Ħ			Date	0.2 12015					
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.										
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		EC FORM 1 (Revised 06/2012)					

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FEC Form 1 (Revised 02/2009)

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j.	TYPE OF COMMITTEE														
Candidate Committee:															
	(a)	D	This committee is a principal campaign committee. (Complete the candidate information below.)												
	(b)	0	his committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate nformation below.)												
	Name Candi														
	Candi Party	date Affiliatio	on Contraction State State Sought: House Senate President District												
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.												
	Name Candi														
	Part	y Com	mittee:												
	(ď)		This committee is a (National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.												
	Polit	ical A	ction Committee (PAC):												
	(e)	Π	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:												
		6 -2	Corporation Corporation w/o Capital Stock Labor Organization												
			Membership Organization Trade Association Cooperative												
			In addition, this 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 party committee. (i.e., nonconnected committee)												
		,	In addition, this committee is a Lobbyist/Registrant PAC.												
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)												
	Joint	t Fund	raising 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	mittees Participating in Joint Fundraiser												
		1.													
		2.													
		З.													
		4.													

FEC Form 1 (Revised 022003) Page 3 Write or Type Committee Name TEUTH ENDS PETFOR PROHIBITION (TERP) 8. Name of Any Connected Organization, Attiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Model Mailing Address Image: Committee Organization (International Organization (International Committee Organization (International Committee Organization (International Organization (International Committee Organization (Internasurer of the committee, and the name and address of			-7								
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any designated agent (e.g., assistant treasurer).	TREASURE	ZP Telephone number 2	481-6351-6404								
of Treasurer DATN (124) 11 (1947											
CLARKSTON IN STATE ZIP CODE		NIEL VICTOR									
CITY STATE ZIP CODE	Mailing Address	110123 GRAHAM DR									
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		CLARKSTON	M83481-1								
	Title or Position	CITY STATE	ZIP CODE								

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Title or Position	number 24	81-6351-0404
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FEC Form 1 (Revised 02/2009)

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Full Name of Designated Agent	DANNEL VICTOR
Mailing Address	1101123 GRAHAK DR
	CLARKSTON IMU HISI34181-LI
Title or Position	CITY STATE ZIP CODE
TIP-FAISI	URGR 11111111111111111111111111111111111

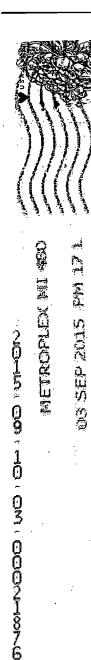
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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

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TELP 10123 GRAHAM DR. CLARTSTAN, MI 48348

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