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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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FEC MAIL CENTER

Office Use Only

				nice Use Only		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	- · ·		
Campaign 2	012					
	1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1			
ADDRESS (number and street)	18,0, Bio, X, 111	54				
(Check if address	21 Johnson Lane					
is changed)	Milloraak WN 1/25,45T-1					
•	(CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-	-mail address)				
(Check if address is changed)	Marigiot 8:00	heyahoo .c.	× ***			
COMMITTEE'S WEB PAGE AD	DRESS (URL)					
(Check if address is changed)	LhaiCie, Vioio, Ky	Gampiailigins10	, <u>, , , , , , , , , , , , , , , , , , </u>			
		 				
พ.พ./ บ 2. DATE	D / Y Y Y Y		٠,			
3. FEC IDENTIFICATION N	UMBER					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	· • • • • • • • • • • • • • • • • • • •			
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	t is true, correct and	d complete.		
Type or Print Name of Treasure	, Margot	Peter	•	·		
Signature of Treasurer	nli		Date Ö5	18 1963		
NOTE: Submission of false, erron		may subject the person signing of the DN SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.		
Office Use Only	20.	For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)		

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TYPE C	OF C	COMMITTEE	
Candid	date	e Cemmittee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	$x = \frac{1}{2}$
(b)	· .	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	te the candidate
Name o Candida			
Candida Party Af		Office ion Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party (Con	nmittee:	1,111
(d)			emocratic, publican, etc.) Party.
Politic	al A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	Cooperative
	/	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	V	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	und	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	•	This, committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
1	1.	FEC ID number C	
2	2.	FEC ID number C	er and the transfer of the second
3	3.	FEC ID number C	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
4	4.		and the second

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Write or Type Committee N	lame ·				
6. Name of Any Connect	ed Organization, Affiliate	ed Committee, Jo	oint Fundraising	Representative, o	r Leadership PAC Sponsor
					1 1 1 1 1 1
		11111		 	
Mailing Address	11111				
	,	CITY		STATE	ZIP CODE
Relationship: Conne	ected Organization Aff	filiated Committee	Joint Fundra	sing Representativ	ve Leadership PAC Sponso
7. Custodian of Records: books and records.	Identify by name, addres	s (phone number	optional) and p	osition of the per	son in possession of committee
Ma.	ragt Pet	0.1		1 1 1 1 1 1	
	ODD BOX	1.1.5.4			
Mailing Address					
	Michigan	0014		I W.VI	12545-
Title or Position		CITY		STATE	ZIP CODE
Trigasure	.	لسا	Telephone	number	
Treasurer: List the name any designated agent (e)		mber optional) o	of the treasurer o	the committee; a	and the name and address of
Full Name of Treasurer	rgot Retu	لا لا الله الله			1.
Mailing Address	YPD BOX	11154			
	Mirripaca			LIM I	1125451-
Title or Position	√	CITY	Tolomb	STATE \	ZIP CODE

9.

Full Name of Designated Agent	hase Bank	Melanie	Whaley
Mailing Address	Pool Main Do	10 Hamm	and Hill 3d
	Surferit	Dover Pla	ins NY
	Reason toll		O STORK
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	4
			
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		hich the committee deposits fur	nds, holds accounts, rents
<i>(</i>),			
Chia	Se Bank	<u> </u>	
Mailing Address	1600 Main Stru	acti	
	Suite 14	1 1 1 1 1 1 1 1 1 1	
	Pileasant Vailile	Y NY	125691-1
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address		· · · · · · · · · · · · · · · · · · ·	
		 	
		ليا ليبي	لــــا-لــــا
	CITY	STATE	ZIP CODE

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