11030692907

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2011 DEC -6 AM 11: 25

FECOMANIER

1.	NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5				
0	HIO DEMOG	RAGY FUND	1111111					
Ш								
AD	DRESS (number and street)	13,363, GREE	ns Burgird					
	(Check if address							
	is changed)	NORTH CAN	TON	0 H 144	720			
		C	спу	STATE	ZIP CODE			
COI	MMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-	mail address)					
	(Charle if address	bihijadiemoic	racyfund@i	1a, h, 00 , 607	γ_{1}			
	(Check if address is changed)		, 	, 				
СО	MMITTEE'S WEB PAGE ADI	DRESS (URL)						
		<u> </u>	1 1 1 1 1 1 1 1 1	<u> </u>				
	(Check if address is changed)							
2. DATE								
_								
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 Dawn Howard								
Signature of Treasurer Date Date Date Dat								
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.								
L	Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on Fi	EC FORM 1 Revised 02/2009)			

FEC FO	rm 1 (Hevised UZ/ZUUS)		rage z					
	OMMITTEE							
Candidate	Committee:							
(a) 1 This committee is a principal campaign committee. (Complete the candidate information below.)								
(b)	b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate								
Candidate Office State Party Affiliation DEM Sought: House Senate President Dist								
(c)	This committee supports/opposes only one cand	idate, and is NOT an authorized committee.						
Name of Candidate								
Party Cor	nmittee:							
(d)	(Nationa	al, State rdinate) committee of the	(Democratic, Republican, etc.) Party.					
Political A	ction Committee (PAC):							
(e)	This committee is a separate segregated fund. (I	dentify connected organization on line 6.) Its c	connected organization is a:					
	Corporation	Corporation w/o Capital Stock	Labor Organization					
	Membership Organization	Trade Association	Cooperative					
	In addition, this committee is a Lob	byist/Registrant PAC.						
(f)	This committee supports/opposes more than one committee. (i.e., nonconnected committee)	Federal candidate, and is NOT a separate	segregated fund or party					
	In addition, this committee is a Lobbyist/Re	egistrant PAC.						
	In addition, this committee in a Leadurship	PAC. (Identify sponsor on line 6.)						
Joint Fund	iraising Representative:							
(g) V	This committee collects contributions, pays fundrai committees/organizations, at least one of which is							
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.								
Com	mittees Participating in Joint Fundraiser							
1.	DIAMM IHOWARD IFIOR I	O # 1 O FEC ID number C D (0504977					
2.		FEC ID number C						
3.		FEC ID number C						
4.		FEC ID number C	. •					

Write or Type Committee Name								
6. Name of Any Connected	Organization, Affiliated Committee, Joi	nt Fundralsing Repre	sentative,	or Leadership PAC Sponsor				
DAWNIHOWAF	PIFARIPHIAI	11111		<u> </u>				
Mailing Address	131316131 1GTRAFANSBO	JRG RP						
			1111					
	NORTH CLANTON		D ₁ HI	44720-				
	CITY		STATE	ZIP CODE				
Relationship: Connecte	nd Organization Affiliated Committee	Joint Fundraising F	Representa	tive 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 DAW	NETTA HOWAR	2.D						
Mailing Address	13.3.63 GRFFNS BI	URG RD	1.1.1.1					
								
	INGRTH CANTON	1.1.1.1.1	10 H	44720-				
Title or Position	СПҮ	\$	STATE	ZIP CODE				
CANDIDAT	E	Telephone numb	per [2]	3 <u>4</u> 1-[<u>20</u> 7]- <u> 36,9,8</u>				
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of assistant treasurer).	the treasurer of the o	committee;	and the name and address of				
Full Name of Treasurer	NETTA HOWARD)						
Mailing Address 3363 GREENSBURG RD								
	NORTH GANTON CITY		STATE	21P CODE				
Title or Position [C.A.N.D.(.D.A.T.E.		Telephone numb	er 2:	341-2071-36.98				

CITY

STATE

ZIP CODE

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