13031080926

FEC FORM 1

STATEMENT OF **ORGANIZATION**

2013 JUN 26 AM 8: 00

			Office Use Only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
ISILISIKILIYIDILLI ICI	O. U.N.T.Y. RIEIPIU	BLILICIAIN ICEIN	ITIRAL COMMITTEE			
ADDRESS (number and street)	151512151 IN 1016	DI SITIAIGIEI IRID				
(Check if address						
is changed)	MT, S. H.A.S.T.A. C.A. 9.6.0.6.7]-					
	(CITY	STATE ZIP CODE			
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-	-mail address)				
(Check if address	VILICIKILI SICIH	WEITIZIEIRACIO	uritihili in Koneti			
is changed)						
COMMITTEE'S WEB PAGE AD	DRESS (URL) NA					
(Check if address						
is changed)		 				
2. DATE O G	7 2 0 1 3 UMBER C 0	0544171				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
l certify that I have examined t	his Statement and to the best	of my knowledge and belief i	t is true, correct and complete.			
Type or Print Name of Treasure	er VICKI J	Schweitzer				
Signature of Treasurer	wi Show	Z	Date 06 17 2013			
NOTE: Submission of false, erron	eous, or incomplete information ANY CHANGE IN INFORMATION		this Statement to the penalties of 2 U.S.C. §437g.			
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	EEL ELIKWI			

Toil Free 800-424-9530 Local 202-694-1100

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5.		YPE OF COMMITTEE						
	Can	Candidate Committee:						
	(a)		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						
	Cand Party	idate Affiliatio	Office Sought: House Senate President	State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Part	y Con	nmittee:					
	(d)	X		emocratic, epublican, etc.) Party.				
	Polit	tical A	ction Committee (PAC):					
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:				
			Corporation Corporation w/o Capital Stock	Labor Organization				
			Membership Organization Trade Association	Cooperative				
			In addition, this committee is a Lobbyist/Registrast PAC.	000000000000000000000000000000000000000				
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part 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 Fundraising 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				
	Committees Participating in Joint Fundraiser							
		1.	FEC ID number C					
		2.	FEC ID number					
		3.	FEC ID number C					
		4.	FEC ID number C					

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Write or Type Committee Nar	ne	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
140100		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	entify by name, address (phone number optional) and position of the person in	possession of committee
Full Name ViliC	KI J SCHWELTZER	
Mailing Address	15,6,2,5, N, O, L, D, 15, K, A, 6, E, 18, D,	لتبتبينا
	MT. S.H.A.S.T.A. P.6	067-
Title or Position	CITY STATE	ZIP CODE
KIRIELA SIVIRIELA	7 Telephone number 5 ₁₃₁ 0] -	17,221-15,7,4,3
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer	KILINI SICHWELITIZER	
Mailing Address	15,5,2,5, M, O, L, D, 15, T, A, 6, E, R, D,	لسنسا
-	MIT SHASTA 196	2IP CODE
Title or Position TIRIEIAISIVIRIER	74	7,2,2-15,7,4,3

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

STATE

ZIP CODE

. CITY

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

(3/2005)

PREPARER