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## HAND DELIVERED

**FEC** FORM 1

Use

Only

## STATEMENT OF **ORGANIZATION**

RECEIVED -

2014 MAR -6 PM 2: 39

FEC MAIL CENTER

(Revised 06/2012)

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Citizens f	OIT PIGUIL RU	ind, 2, 0, 1, 5, 7, 1	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
ADDRESS (number and street)	15, Cedan A	<u>.v.e </u>	<u> </u>
		<u></u>	
	Granithers b	<u>V179</u>	MD   208,77 -
COMMITTEE'S E-MAIL ADDRI	ESS		
(Check if address is changed)	paul forma	iriyiliainid@gima	i.lcom
• .	Optional Second E-Mail Ad	•	
		<del>                                      </del>	<del></del>
COMMITTEE'S WEB PAGE AD  (Check if address is changed)	DRESS (URL)	<del></del>	
2. DATE 0 3 ' 0	s 'žŏjŸ		
3. FEC IDENTIFICATION N	IUMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined to	this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Barbara	Falcigno	
Signature of Treasurer	Zaibara Falci	910	Date 03'05'30'4
NOTE: Submission of false, error	•	may subject the person signing to the control of th	this Statement to the penalties of 2 U.S.C. §437g.
Office		For further information c	

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

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FEC Fo	m 1 (Revised 02/2009)		Page <b>2</b>		
TYPE OF COMMITTEE Candidate Committee:					
(a) X	This committee is a principal campaign committee. (Cor	mplete the candidate information below	.)		
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate	Name of David Rundavis st				
Candidata Party Affiliati	on DEM Office Sought: X House	Senate President	State MD District 02		
(c)	This committee supports/opposes only one candidate, a	and is NOT an authorized committee.			
Name of Candidate					
Party Con	nmittee:				
(d)	This committee is a (National, State or subordinate)	e ) committee of the	(Democratic, Republican, etc.) Party.		
Political A	ction Committee (PAC):		· • • • • • • • • • • • • • • • • • • •		
(e)	This committee is a separate segregated fund. (Identify	connected organization on line 6.) Its co	nnected organization is a		
	Corporation Corp	poration w/o Capital Stock	Labor Organization		
	Membership Organization Tradi	e Asseciation	Cooperative		
	In addition, this committee is a Lobbyist/R	legistrant PAC.			
<b>(f)</b>	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 Fundraising 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.				
Committees Participating in Joint Fundraiser					
1.	1111111111111111	FEC ID number C			
2.		FEC ID number C			
3.		FEC ID number C			
4.		FEC ID number C			

! 	FEC Form 1 (Revised	02/2009)	Page <b>3</b>
v	Vrite or Type Committee Name	3	
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership I	PAC Sponsor
1			11111
	<u> </u>		
L			
	Mailing Address		
			البيا-ل
		CITY STATE ZIP	CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in possess	sion of committee
	Full Name TRE	4.5. N.R. ER.	
	Mailing Address	<del></del>	
	,		
			1-1
	Title or Position	CITY STATE ZIP	CODE
		Telephone number	
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name a assistant treasurer).	and address of
	Full Name BAR	BA, R, A, F, A, L, C, I, G, N, O, , , , , , , , , , , , , , ,	<u> </u>
	Mailing Address	[1,8,1,6,0, D,A,R,N,E,L,L, D,R, , , , , , , , , , , , , , , , , ,	
		[0	
		0,4N,64	ODE
	Title or Position		

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FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent PAU	L RUNDIQUITISIT		
Mailing Address	S. Ciedair Aue		
	Gaithers burg	STATE	20977-
Title or Position	Telephone i	number [3]	0,1-1948-2682
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.			
ــــا			
Mailing Address			
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
L			
Mailing Address			
	CITY	STATE	ZIP CODE

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.		
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No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
	Next Business Day Delivery	
Received from House Records & Registration	Date of Receipt n Office	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	Date of Receipt or Postmarked	
h	3/6/14	
PREPARER (8/2013)	DATE PREPARED	
V =		