М (J) 2030891

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

2012 OCT -2 AM 8: 04

				fice Use Only		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4MEEC	MAIL CENTER		
CIIITIIIZIEINISI IFI	OIRI ISIOIDITIHIWIE	ISITI IMIISICIOINIS	SIEINIIIII			
ADDRESS (number and street)	919151 1417161418	WIRIYI ICITIRICILIE				
(Check if address is changed)						
· .	PILIAITITIEIYIIL	LIELLILI	STATE A	ZIP CODE ▲		
COMMITTEE'S E-MAIL ADDRE	:SS					
(Check if address is changed)	c+10101919131818	11 @ 410 11 1. 1 C10 1MI				
e e e e e e e e e e e e e e e e e e e	Optional Second E-Mail Ad		<u> </u>			
A section of the sect	Service of the servic	And the American section of th		The property of		
COMMITTEE'S WEB PAGE AD	DRESS (URL)	• • • • • • • • • • • • • • • • • • •	C8/ :			
(Check if address is changed)			<u> </u>			
·, · · · ·	1	 				
2. DATE 0 9 2	7 2012	e e e				
3. FEC IDENTIFICATION N						
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)				
I certify that I have examined the	his Statement and to the best	of my knowledge and belief	it is true, correct and	complete.		
. Type or Print Name of Treasure	er Cunthia Jana			e e e e		
Signature of Treasurer	Dott :		Date o q	27 2012		
NOTE: Submission of false, erron	•	may subject the person signing		penalties of 2 U.S.C. §437g.		
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)		

5.

TYPE OF C	OMMITTEE Committee:						
(a)	This committee is a pr	incipal campaign	committee. (Comple	ete the candidate in	formation below	v.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate				<u> </u>	 		
Candidate Party Affiliation	on	Office Sought:	House	Senate	President	State District	
(c)	This committee suppor	ts/opposes only o	ne candidate, and	is NOT an authorize	ed committee.		
Name of Candidate							
Party Con	ımittee:	. ,		• • • • •			
(d)	This committee is a	*	(National, State or subordinate) co	mrnittee of the		(Democratic, Republican, etc.) Party.	
Political A	ction Committee (P	AC):					
(e)	This committee is a se	parate segregated	d fund. (Identify con	nected organization	on line 6.) Its co	onnected organization is a:	
	Corporation		Corporat	ion w/o Capital Stoo	ck	Labor Organization	
	Membership C	rganization	Trade As	sociation		Cooperative	
	In addit	ion, this committee	e is a Lobbyist/Regis	strant PAC.			
(f)	This committee suppor committee. (i.e., noncor			andidate. and is NC	OT a separate :	segregated fund or party	
	In addition, this	committee Is a Lot	obyist/Registrant PA	C.			
	In addition, this	committee is a Lea	adership PAC. (Iden	tify sponsor on line 6	5.)		
Joint Fund	raising Representa	tive:			•		
(g)	This committee collects committees/organization						
(h)	This committee collects committees/organization					two or more political	
Comr	mittees Participating in	n Joint Fundrais	er ·	٠.			
1.				FEC ID num	nber C	e e e e e e e e e e e e e e e e e e e	
2.		**************************************		FEC ID num	nber C	er e	
3.				FEC ID num	nber C	:	
4.				FEC ID num	ber C		

l	FEC Form 1 (Rev	vised 02/2009)	Page 3
٧	Vrite or Type Committee	Name	
<u> </u>	Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
L			
I			
	Mailing Address	1	
	Maining Mediada		
			. 1_1
		CITY STATE	ZIP CODE
	Relationship: Con	nected Organization , Affiliated Committee Joint Fundraising Representative Le	eadershin PAC Sponsor
	nerationship. Con	mected Organization () Animated Committee () South Fundraising Representative () Le	adership FAC Sponsor
7.	Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person in po	essession of committee
	Full Name	INITIH IA ITANIGI IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
	Mailing Address	9,9,5, HIIGHBURY CILLE 1	
		PILIAITITIEIVILILIE WIL 51318	3118-3714
	Title or Position	CITY STATE	ZIP CODE
	TIRIEIRISIUICI	EIR: Telephone number 61018 - 5	<u>3,4;e]-[9,8,2,4</u>
8.		ne and address (phone number optional) of the treasurer of the committee; and the nie.g., assistant treasurer).	ame and address of
	Full Name of Treasurer	n, t, h, 1, A, T, A, N, G, , , , , , , , , , , , , , , , ,	
	Mailing Address	9,9,5; HIIGHBURRY CIELLE 1 1 1 1	
		PILIAITITIEIVIZICICICI WII 531	8,1,8]-[3,7,1,4
	Title or Position	CITY STATE	ZIP CODE
	TIRIEIAISIU IRI	Telephone number	

WII

STATE

STATE

ZIP CODE

ZIP CODE

Agent

Name of Bank, Depository, etc.

Name of Bank, Depository, etc.

Mailing Address

Mailing Address

LAINICHOIR BIANK

CITY

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