FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED -

2012 MAR -5 AM 11: 29

FEC MAIL CENTER

NAME OF COMMITTEE (in full)	(Check if is change		ample:If typing, type er the lines.	12FE4M	magalinga ay mang 5 Santaninga at a sang
FRANK F BL	45, JR	FOR C	ONGRESS.		
		1 1 1 1 1		1 1 1 1 1	<u> </u>
ADDRESS (number and street)	P. O. B.	0x 74		<u> </u>	
(Check if address is changed)				<u> </u>	
	HAGATA	U _I A _{i i i i}		Enu	96932 - 4074
·		CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide	only one e-mail a	ddress)		
	COMMI	tteect	rankblas	sir.Co	m_{i}
(Check if address is changed)	1		i		
	<u> </u>			,	
COMMITTEE'S WEB PAGE ADI		, ,	,		
(Check if address	www. ti	rankb1	asjr.con	η <u></u>	
is changed)		_	<u> </u>	_1111	<u> </u>
2. DATE 02 7	7 2016	4			
3. FEC IDENTIFICATION NO	JMBER	C ,		>	
4. IS THIS STATEMENT	NEW (N)	OR S	AMENDED (A)		
I certify that I have examined th	is Statement and	to the best of my	knowledge and belief	it is true, correc	et and complete.
	TINA	ALICI	77)		
Type or Print Name of Treasure	- 1////	A. A			stillen meddelsken a eildisken en eildisken en eildisken en de disken en dittligen anderskele an en
Signature of Treasurer	ynn R.	Mich		Date 0	2 17 2012
NOTE: Submission of false, errone	ous, or incomplete	information may su	bject the person signing	this Statement t	o the penalties of 2 U.S.C. §437g.
	ANY CHANGE IN I	NFORMATION SH	OULD BE REPORTED V	WITHIN 10 DAYS	S .
Office Use			For further Information Federal Election Commiss		FEC FORM 1

5.

FEC Form 1 (Hevised 02/2009)	Page Z
TYPE OF COMMITTEE	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	e the candidate
Name of Candidate FRANK F. BLAS JR.	
Candidate REP Office Sought: X House Senate President	State G U District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
	emocratic, oublican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
	abor Organization
Membership Organization Trade Association C	cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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 Fundraising Representative:	
(g) X 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 o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
1. [
2.	
	Karangan araga rapa sej Karangan araga rapa sej
The state of the s	
4.	

Write or Type Committee Name

6. Name of Any Connected C	Organization, Affillated Committee, Join	nt Fundraising Representative	e, or Leadership PAC Sponsor
NIDINE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number	optional) and position of the	person in possession of committee
M 1 A 5 A	. ALLETO		
Full Name [1 I N P	10 0 60 V 19 1.39	^	
Mailing Address	P 0 BOX 22 632		<u> </u>
	PA 0 0 1 GA NA		01.9 11. 11.21
	BARRIGADA.		96921-2632
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	97,11-68,6-59,83
 Treasurer: List the name and any designated agent (e.g., a 	d address (phone number optional) of assistant treasurer).	the treasurer of the committee	e; and the name and address of
Full Name of Treasurer	I.C. FEJERAN	<u> </u>	1 [1] [1]
Mailing Address	P. O. B.O.X. 621.	<u> </u>	
		<u> </u>	
	HAGATNA	<u> </u>	96932 - 0621
Title or Position	CITY	STATE	ZIP CODE
ASST TREA	SURER	Telephone number [<u></u>	71-688-6598

FEC Form	1 (Revised 02/2009)	Page 4	

Full Name of Designated Agent			لــــ
Mailing Address			
	CITY	STATE ZIP CODE	
Title or Position	Telephon	ne number	لـنــ
safety deposit box Name of Bank, De			6
Mailing Address	BANK OF GUAM	1-	
•			ı
	HAGATNA	64 96932	L
	CITY	STATE ZIP CODE	
Name of Bank, Do	epository, etc.		
. 1			
Mailing Address			
			<u>i</u>
			L_L_
	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. 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**