2009 OCT 19 AM 11: 1,8

FEC FORM

9030173960

STATEMENT OF ORGANIZATION

FORIVI I						Office Use Only		
I. NAME OF COMMITTEE (in	full)		heck if name changed)	Example:If typing, type over the lines.	12FE4M	5 Service and the		
Riojaid, Sipiri inikilieiri iFiiititeirisi iLiociaili iNiojo, 16,69, 11, 11, 11								
U, A, , A	F L , -,C	I O	P A C					
ADDRESS (number and	DDRESS (number and street) [7,0,5,0,0,a,k,l,a,n,d,Mi,l,l,s,R,o,a,d,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
(Check if address is changed)		6.u,i,t,e, 200						
		$C_1 o_1 l_1$	ı _{ımı} b _ı iıa		$M \setminus D$	2,1,04,6]-		
			(CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAI	L ADDRES	SS (Please p	provide only one e-	mail address)				
(Check if a	ddress	16, 69	p _l a c @r _i s	f 11,u,6,6,9,.,0,r,8	31111			
is changed		لللا	4.1.1.1.1.					
COMMITTEE'S WEB	PAGE ADD	RESS (UR	L)					
(Check if a	ddress	لللل						
is changed		ســــــــــــــــــــــــــــــــــــــ						
2. DATE 10	16	2 (0 9					
3. FEC IDENTIFICA	ATION NU	MBER	C					
4. IS THIS STATEM	ENT X	NEW (N) OR	AMENDED (A)				
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 Shawn Broadrick								
Signature of Treasure		haur	Brand	luth	Date .	0 16 2009		
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.								
Office Use Only				For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

F	EC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE					
Cano	lidate	e Committee:					
(a)		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. (Complete the candidate information below.)					
Name Candid		<u> </u>					
Candid Party			State :				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candid							
Party	/ Con	nmittee:					
(d)	•	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Politi	ical A	ction Committee (PAC):					
(e)	X .	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:				
		Corporation Corporation w/o Capital Stock X	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated 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	Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political				
/ b\		committees/organizations, at least one of which is an authorized committee of a federal candidate.	us as many 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.	vo or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number C					
	2.	FEC ID number C					
	3.	FEC ID number C					
	4.						

	FEC Form I (Revise	1 02/2009)					Page 3
W	Vrite or Type Committee Na	me					
6.	Name of Any Connected	Organization, Affiliate	d Committee, Joint	Fundraising Repr	esentative, o	r Leadership PA	AC Sponsor
<u>R</u>	oad Sprin	k l e r F i	t t e r s L	o c a 1 U n	i o n	N o . 6	6 9 ,
LU	A . , A FL .	C I O				1	
	Mailing Address	[7]0 5] 0 O a	k 1 a n d	Mill ls R	load		
		S u i t e :	2 0 0			1111	
			i a		M_1D	2,1,0,4,6	لــــا-ل
			CITY		STATE	ZIP C	ODE
	Relationship: X Connec	ted Organization Affi	iliated Committee	Joint Fundraising	Representati	ve Leadersh	ip PAC Sponsor
7.	Custodian of Records: k books and records.	lentify by name, address	s (phone number c	ptional) and position	on of the per	son in possessio	on of committee
	Full Name J _L a m	ıeısı ıTıuıcıkı∈	e _i r _{i I I I I I}				لىبىن
	Mailing Address	7,0,5,0,0,	a _i k _i 1 ₁ a _i n _i d ₁₁	Riojajdiji		11111	لتتت
		Smitter	21.010.1	1 1 1 1 1 1	1.1.1.1.	 	لتتت
			iaııııı		M_1D	2,10,4,6	اـــــا
	Title or Position		CITY		STATE	ZIP C	ODE
	[Gu _l s, todia)	n of Reco	o _i r idis	Telephone num	ber [4 _] 1	0 - 3 8 1]- <u>4 </u>
3.	Treasurer: List the name any designated agent (e.g.		nber optional) of th	ne treasurer of the	committee; a	and the name an	d address of
	Full Name of Treasurer S _i h _i a	wn Broad	$r_{l}i_{l}c_{l}k_{l}$			<u> </u>	
	Mailing Address	7,0,5,0,00a	ıkılıanıdı M	$!$, $\mathbf{i}_{i}1_{i}1_{i}1_{i}$ s $_{i}$	Rolaldis	<u> </u>	
		S _i u _i i _i t _i e _{i i} 2	ροι		1.1.1.1.	1111	
	Title or Position	Collumbi	CITY		MD STATE	2 1 1 0 4 1 6 ZIP C	• ———
1	Trielais iuirie i	9111111		Telephone num	ber <u>[4₁1</u>	0]-[38,1	- <u> 4 </u>

9.

FEC Form 1 (Revi	sed 02/2009)		Page 4
Full Name of Designated Agent Join	ının Bodinie IIIIIII		
Mailing Address	71015101 Oalkilainidi Miill	ısı Rıolaidı	
	Siuii tie 2:0:0:		
	Collumbiia	M,D) STATE	2,1,0,4,6] ZIP CODE
Title or Position			
$A_i s_i s_i t_i \cdot I_i T_i r \epsilon$	e a s u r e r i i i Telepho	ne number 4:1	101-138,11-43,001
safety deposit boxes or m Name of Bank, Depositor		·	
Mailing Address	1:00 iSiou itihi iCihia in lieis i	ıSıtır relelt i	
	Bailtimore IIIII		12111210111-
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		
ليا		 	
Mailing Address			
		ليا ليا	
	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.					
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Conf	irmation™ Label				
USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify): 45	Shipping Date				
Next Busine	ess Day Delivery				
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				
Other (Specify):	Receipt or Postmarked				
Jm P	11/19/05				
(3/2005)	DATE PREPARED				