FEC

STATEMENT OF **ORGANIZATION**

2008 AUG 11 AM 9: 30

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FÈ4M5 COMMITTEE (in full) is changed) over the lines. ADDRESS (number and street) (Check if address is changed) 11,0,0,0,11 STATE ZIP CODE CITY COMMITTEE'S E-MAIL ADDRESS . com moore @ COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER DATE C0045284 **FEC IDENTIFICATION NUMBER** AMENDED (A) IS THIS STATEMENT NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. 00/C Type or Print Name of Treasurer Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 12/2007) Toll Free 800-424-9530 Only

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