RECEIVED
FECHAL CENTER

2010 MAR -2 AM 8: 44

FEC FORM 1

STATEMENT OF ORGANIZATION

FOR	M 1	•	(See instruction			Office use only
1. NAME COMM	OF ITTEE (in full)	Ø	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Susar	Bitter Smith	•	SS ⊭ `-			
ــــــا	بببب	580	6 E. Lewis Avenu	<u> </u>		لتتتبيي
ADDRESS	(number and street)	نتا			سنس	لتتتبيينا
(Chec is cha	k if address nged)	Sco	ttsdale		AZ L	85257
				CITY	STATE.	ZIP CODE 📥
(Chec	E'S E-MAIL ADD ik if address inged)	ORESS (Pleas info	e provide only one e @bittersmith.con	-mail address) n		
(Chec	E'S WEB PAGE k if address inged)	•	JRL) www.bittersmith.co			
2. DATE	ら <u>ラ</u> ′(DENTIFICATION		<u> </u>	C 00.47,502.1		
	S STATEMENT	r t	//a;i tra aea	AMENDED (A)	n	
-	nt Name of Treas			wledge and belief it is true, correct a	Date	· E.4 · (28) 6
NOTE: O: !	toolog of follow			. subject the same size in this Other	oment to the annual	42118C 8487-
NOTE: SUDM	iission oi taise, etto		Committee against a grant	subject the person signing this State TION SHOULD BE REPORTED		
<u> </u>	office Use Only		12 (3)	For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

in the state of th

10030262035

5.

ı	FEC F	Form 1 (Revised 02/2009) Page 2
TYPE	OF CO	DMMITTEE (Check One)
Cand	id <u>ate</u> C	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 Cand		Susan Bitter Smith
Cand Party	idate Affiliati	on REP Office X House Senate President District 05
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		<u>L </u>
Party	Comn	nittee:
(d)		(National, State This committee is a (Operational of the Committee of the
Politi	cal Act	tion Committee (PAC):
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	Papad	Corporation Corporation w/o Capital Stock 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 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	Fundra	ising 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)	IJ	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.
	Com	mittees Participating in Joint Fundraiser
	30	1. FEC ID number C
		2. : : : FEC ID number C
		3.

С

FEC ID number

Write or Type Committee Name			
Susan Bitter Smith for	Congress		
Name of Any Connected O	rganization, Affiliated Committee, Join	nt Fundraising Representative, or Lea	dership PAC Sponsor
<u> </u>	<u></u>	<u> </u>	1 ! 1 !
<u> </u>	<u>. </u>	<u> </u>	<u> </u>
Mailing Address	<u> </u>	<u> </u>	<u> </u>
		<u>l. I. </u>	lll
	<u> </u>	البا ليبيب	<u> </u>
	CITY▲	STATE ▲	ZIP CODE
Relationship: Connected Organization	n X Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
Full Name	Lawler 976 Pacific Avenue		<u> </u>
	Willows	CA	95988
manual de ser se	CITY	STATE▲	
Title or Position ♥	4	SIAIE	ZIP CODE A
Title or Position ▼ Treasurer		Telephone number 530	ZIP CODE 1/4 934 5823
Treasurer Treasurer: List the name name and address of any		Telephone number 530 ional) of the treasurer of the communeasurer).	<u> </u>
Treasurer Treasurer: List the name name and address of any Full Name of Treasurer Kelly I	e and address (phone number – opti y designated agent (e.g., assistant t	Telephone number 530 ional) of the treasurer of the communeasurer).	<u> </u>
Treasurer Treasurer: List the name name and address of any Full Name of Treasurer Kelly I	e and address (phone number – opti y designated agent (e.g., assistant t	Telephone number 530 ional) of the treasurer of the communeasurer).	<u> </u>
Treasurer: List the name name and address of any Full Name of Treasurer Kelly	e and address (phone number – opti y designated agent (e.g., assistant t Lawler 976 Pacific Avenue	Telephone number	- <u>934</u> - <u>5823</u>

FEC Form 1	(Revised 02/	2009)				Page 4
Full Name of Designated Agent	_	Karen Crotty		-	· - · · · · · · · · · · · · · · · · · ·	
Mailing Address	.	5806 E	. Lewis Avenue			
	_	Scotts	dale		_AZ	85257 –
Title or Position ♥			CITY A		STATE A	ZIP CODE A
As	st Treasur	er		Telephone n	umber <u>602</u>	339 9203
Banks or Other De safety deposit boxe Name of Bank, De	es or maintair		other depositories in	which the commit	tee deposits funds,	holds accounts, rents
	es or maintair	ns funds.	other depositories in	which the commit	tee deposits funds,	holds accounts, rents
safety deposit boxe	es or maintain pository, etc. Chase	ns funds.	.			1
safety deposit boxe Name of Bank, Dep	es or maintain pository, etc. Chase	ns funds. PO Box 2601	. <u> </u>			1
safety deposit boxe Name of Bank, Dep	es or maintain pository, etc. Chase	ns funds. PO Box 2601	. <u> </u>	<u> </u>		
safety deposit boxe Name of Bank, Dep	es or maintain pository, etc. Chase	PO Box 2601	. <u> </u>	<u> </u>		
safety deposit boxe Name of Bank, Dep	es or maintair pository, etc. Chase	PO Box 2601		<u> </u>		70826 -: ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
safety deposit boxe Name of Bank, Dep Mailing Address	es or maintair pository, etc. Chase	PO Box 2601		<u> </u>		70826 -: ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
safety deposit boxe Name of Bank, Dep Mailing Address	es or maintair pository, etc. Chase	PO Box 2601		<u> </u>		70826 -: ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
Name of Bank, De	es or maintair pository, etc. Chase	PO Box 2601				70826 -: ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
Name of Bank, De	es or maintair pository, etc. Chase	PO Box 2601			LA ;	70826 -: ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !

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** 2/25/10 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):