## NOTE OF THE ON COOCINOMS

**FEC** FORM 1

## **STATEMENT OF ORGANIZATION**

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1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Riobert Tox	Ld QUINCEL	1517 FOR	Presid	ent
			<u>                                     </u>	
ADDRESS (number and street)	15,8,8 4 Egypp	t Pike	 <del>                                   </del>	
(Check if address is changed)	L. L			
	Chillicott	$g_{1}$	STATE A	15160 []-[] ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	Iriobieiritoy176	Roman L. Com	<del></del>	
ener e	Optional Second E-Mail Addr	ress :	1 15"	·
COMMITTEE'S WEB PAGE AD  (Check if address is changed)	DRESS (URL)		<del> </del>	<del>                                      </del>
	سيسين		<del></del>	
2. DATE 08	8 2015	. <u>.</u> .		••••••••••••••••••••••••••••••••••••••
3. FEC IDENTIFICATION N	UMBER ▶ C	स्त । प्राप्त कर्मा प्राप्त के प्राप्त कर्मा कर्मा विकास कर्मा क्षा क्षा क्षा क्षा क्षा कर्मा करा कर्मा करा कर कर्मा कर्मा करा कर्मा कर्मा कर्मा कर्मा कर्मा कर्मा कर्मा कर्मा कर्म	., .	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best of	of my knowledge and belief i	t is true, correct ar	nd complete.
Type or Print Name of Treasurer				
Signature of Treasurer	Kart I		Date OS	28/2015
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

	EC FOR	11 (Hevised 02/2009)				
		DMMITTEE				
Cand	iidațe	Committee:				
(a) (	<b>X</b>	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	ines.	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Candid		$D \mapsto + T \cap C \cap$				
Candid Party	date Affiliatio	n Office State President District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi						
Party	y Com	mittee:				
(d)	Part of the same	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party				
Polit	ical A	ction Committee (PAC):				
(e)	Section 2	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a				
	2:45	Corporation Corporation w/o Capital Stock Labor Organization				
		Membership Organization Trade Association Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	d a	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	Fund	raising 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)	i de	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.				
•		mittees Participating in Joint Fundraiser				
	1.					
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	2.	FEC ID number C				
	3.	FEC ID number C				
•	4.					
		Transferrational and the second and				

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W	Vrite or Type Committee Nam	//	sident		
6.	Name of Any Connected	Organization, Affiliated Committe	e, Joint Fundraising Repre	esentative, o	r Leadership PAC Sponsor
OK	UFINCIENT F	OR PHESTI HEN	tru No	NR	
F. L					
	Mailing Address				
				ليا	<u> </u>
		CITY		STATE	ZIP CODE
	Relationship: Connecte	ed Organization Affiliated Comm	Joint Fundraising	Representati	ve Leadership PAC Sponsor
7.	Custodian of Records: Ide	entify by name, address (phone num	nber optional) and position	on of the per	rson in possession of committee
	Full Name	ert T. Qu	incel		
	Mailing Address	15,8,8,4, Zgypt.	Pike	1-1-1	
			111111	1111	
		Chillicothe		bh	4.5.6.6.11-
	Title or Position	CITY		STATE	ZIP CODE
			Telephone num	ber	.J-L.J-L
8.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optio assistant treasurer).	nal) of the treasurer of the	committee;	and the name and address of
	Full Name of Treasurer	bent II ()	incel	1111	
	Mailing Address	15884 Lgypt	Pike		ليثبينيا
	Title on DecitA	Chilliepthe city	<del> </del>	STATE	14.56611-LLL ZIP CODE
_	Title or Position	date	Telephone num	ber 7	49-1637-17768

			-
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Full Name of Designated Agent  Mailing Address  Title or Position	CITY	STATE	ZIP CODE
Title of Position	Tele	phone number	
<u> </u>			
safety deposit boxes or main Name of Bank, Depository,		','o^	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
للللا		<del>                                     </del>	
Mailing Address		<del>                                     </del>	
		ليا لي	البيا-لييا
	ÇITY	STATE	ZIP CODE

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FEC MAIL CENTER

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(3/2015)			