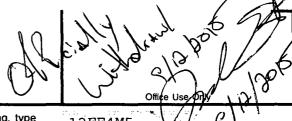
## SIGHT CON CON CONCOUNTESTS

FEC

## STATEMENT OF **ORGANIZATION**



FORM 1	Office Use on Link	
1. NAME OF COMMITTEE (in	(Check if name Example: If typing, type 12FE4M5 cover the lines.	
EURTON	FOR PRESIDENT DOIG	
ADDRESS (number a	nd street) 7,9,9,2,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	
(Check if a is changed	address (d)	
	CITY \$ STATE \$ ZIP CODE \$	
COMMITTEE'S E-MA	AIL ADDRESS	
(Check if a is changed		
	Optional Second E-Mail Address	
COMMITTEE'S WEB PAGE ADDRESS (URL)		
(Check if a is changed	address (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
2. DATE 09 12 2015		
3. FEC IDENTIFIC	CATION NUMBER > COO581356	
4. IS THIS STATEM	MENT NEW (N) OR AMENDED (A)	
I certify that I have e	examined this Statement and to the best of my knowledge and belief it is true, correct and complete.	
Type or Print Name		
Signature of Treasure	er Patricia Eurtur Date 08/22015	
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §3010 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.	
Office Use Only	For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-594-1100 FEC FORM 1 (Revised 06/2012)	

Local 202-694-1100

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2 OLD VINCENNES RD.

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EDUILLE, IN 47184

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No Postmark			
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Next	Business Day Delivery		
Received from House Records & Registration Off	Date of Receipt fice		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Date of Receipt or Postmarked		
PREPARER	9/28/15 DATE PREPARED		
(3/2015)			