## 28039833061

FEC FORM 1

## STATEMENT OF ORGANIZATION

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2018 SEP 17 AM 9: 26

FORM 1						Office Use Only
1. NAME OF COMMITTEE (in	n full)	, .	Check if name changed)	Example: If typing, type over the lines.	12FE4M5	ATT AT FAIR A
FOSTER	Poul	TRY	PAC	<del></del>	11111	
ADDRESS (number a	nd street)	للللا				
(Check if a			3014 45 1110-570	\	<u>c</u> A	95334-
COMMITTEE'S E-MA	AIL ADDRE	SS		СІТҮ	STATE	ZIP CODE
pegigiyiic	10/10	300 E	ter-Car	MSI CIOM		
COMMITTEE'S WEE	PAGE AD	DRESS (UF	RL)			
	1111		<u> </u>	11111111		
		1 1		<u> </u>	<u> </u>	
COMMITTEE'S FAX 2.091-1394 2. DATE 09	1-63	6121 81	<i>008</i>			
3. FEC IDENTIFIE	CATION N	JMBER	CO	0303628		
4. IS THIS STATE	MENT	NEW	(N) OR	AMENDED (A)		
I certify that I have Type or Print Name Signature of Treasur	of Treasure	Da.	nt and to the bes	st of my knowledge and belief		et and complete.
NOTE: Submission of	false, erron			n may subject the person signin	_	to the penalties of 2 U.S.C. §437g.
Office Use				For further information Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 12/2007)

	FEC Fo	m 1 (Revised 12/2007)	Page 2						
TYP	E OF C	OMMITTEE							
Ca	Candidate 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.)								
	ne of ididate	1							
Can	lalagie		<u> </u>						
	didate ly Affiliati	Office Sought: House 'Senate President	State						
	y / minad	The state of the s	District						
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	ne of didate								
	-	•							
Pai	5-51	n <b>mittee:</b> المستعمل المستعمل (National, State المستعمل المستحدد المستعمل المستعمل ا	nocratic,						
(d)			ublican, etc.) Party						
Pol	itical A	ction Committee (PAC):							
(e)	V	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is						
<b>\-</b> ,	<i>y</i> .	<b>₩</b> 573	•						
		1	bor Organization						
		Membership Organization Trade Association Co	operative						
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	pated fund or part						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
_									
Joir	nt Fund	raising Representative:							
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or	more political						
•	L	committees/organizations, at least one of which is an authorized committee of a federal candidate.							
(h)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political						
	Com	Committees Participating in Joint Fundraiser							
	Com	grant and the second	, <u>7,</u> ,7,7,						
	1.	FEC ID number C							
	2.		; <del>===                                  </del>						
	_	tani atalan ilangan m	)"						
	3.	FEC ID number C	1. 12 <u>11. – 11. – 11. m. 1</u> 5. 12 11. – 12. m. 15.						
	4.	FEC ID number	,= u = u = u = n,= = u u unueunee nueun e						
			randa este dende Partia						
	5.								

1	FEC Form 1 (Revised 1	12/2007)		Page 3
w	rite or Type Committee Name			
	Freto - Pr	ulting Farms PAC		
<del></del>	Name of Any Connected C	Organization, Affiliated Committee, Leadership PAC Sponse	or or Joint	Fundraising Representative
	,	, , , , , , , , , , , , , , , , , , , ,		• • • • • • • • • • • • • • • • • • • •
F	<u> 1904   </u>	May Harms !!!!!!!		<u> </u>
	<u> </u>			
	Mailing Address	PIO BION 41571111111		
			1111	
		411ULINGSTOM	CAI	19.53341-1
		CITY	STATE	ZIP CODE
	Relationship:			
	Connected Organization	Affiliated Committee	or [ ] Joi	int Fundralsing Representative
7.	Custodian of Records: Ider	ntify by name, address (phone number optional) and position	on of the p	erson in possession of committee
	books and records.	·		
	Full Name Peak	an Coleman	1 1 1 1	
	Mailing Address	190, BOX 457	1 1 1	
	Walling Address			
		KI VINGSTON	KAI	953311-1
			Cm	
	Title or Position	CITY	STATE	ZIP CODE
	Liegal Assi	Telephone num	nber R	091-13941-17901
8.	<b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the assistant treasurer).	committee;	and the name and address of
	Full Name	dall a Boyce		
		PO BOX 457		
	Mailing Address			
		11 ( 1 ( 1) ( 1) ( 1)		1/1 × × × × × × × × × × × × × × × × × ×
		LI VI INGISITION		
		CITY	STATE	ZIP CODE
	Title or Position  SEVIPTIFEINE	CITY Tal (DIUNSEL) Telephone num		zip code 09]- 394]- 790()

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FEC Form 1	(Revised 12/2007)		Page 4
Full Name of Designated Agent	<u> </u>		
Mailing Address			
		<u> </u>	
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone	number	
Malling Address	COUNTY BANK LIVINGSTON BRANCIT 640 Main ST		
	CITY	STATE	ZIP CODE
Name of Bank, Depo	ository, etc.		
L	<del> </del>		
Mailing Address			
		1111	
		ليا ل	البيا-لييا
	CITY	STATE	ZIP CODE

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