FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVE

2012 MAR -6 AM 11: 48

FORM 1						Office Use Only
NAME OF COMMITTEE (in	n full)	(Check if nar is changed)		mple:If typing, type the lines.	12FE4M	casaparangan neganary 5 S
Roseanne	for Pr	esident 201	2	<u> </u>		
ADDRESS (number a	nd street)	3695F Cas	scade R	load #2210		
(Check if ac is changed)		Atlanta			GA	30331
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only		dress) ent@gmail,c	ο ლ	
COMMITTEE'S WEB	PAGE ADD	· · · · · _	i	dant aan		
(Check if is change		roseannef	prpresic	ieni,com		
2. DATE 03	3 2 anaxa	2012				
3. FEC IDENTIFIC	CATION NU	MBER	C 00511	220		
4. IS THIS STATE	MENT	NEW (N)	OR 🗵	AMENDED (A)		
I certify that I have a			ristian	knowledge and belief it	is true, corre	ct and complete.
Signature of Treasure	er	Joan Ch	istian	<u></u>	Date .	3 / 02 / 2012
NOTE: Submission of				oject the person signing to		to the penalties of 2 U.S.C. §437g. S.
Office Use Only				For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	ř.	٠,
	n,	
ĺ	1	þ
¢	١	l
l.	ſ	1
j	•	•
ſ	uru utu	١
•	YBI	•
	Ą	
ŀ		1
ľ	Ą)

	F	EC For	m 1 (Revised 02/2009)	Page 2
			DMMITTEE	
		oldate	Committee: This committee is a principal campaign committee. (Complete the candidate information below.)	
	(a)		, , , , , , , , , , , , , , , , , , , ,	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
	Name Candi		Roseanne Barr	
	Candi		CDN Office	State
	Party	Affiliation	n GRN Sought: House Senate X President	District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Part	y Com	mittee:	
	(d)		[National, State] (I	Democratic, epublican, etc.) Party.
	Polit	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
			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 seg committee. (i.e., nonconnected committee)	regated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	. <u>.</u>			
		Fund	raising Representative:	
	(g)	Ц	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
((h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
		Com	nittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC ID number C	
		3.	FEC ID number C	ang priming sangua sagasan ganan
		4.		acestantin the many is a stress of source.

Title or Position

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name Roseanne for President 2012 Name of Any Connected Organization, Affillated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Joan Christian Full Name Mailing Address 30331 Atlanța Title or Position ZIP CODE CITY STATE Treasurer Telephone number Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Christian of Treasurer Cascade Road Mailing Address Atlanta ZIP CODE CITY STATE

Telephone number

. 20 . 011	1 (Revised 02/2009)				Page 4
Full Name of Designated Agent				1 1 1 1 1	
Mailing Address				1 1 1 1 1	1 1 1 1 1 1 1 1
	1				
	<u> </u>		<u> </u>		
		<u> </u>		CTATE.	710 CODE
Fitle or Position		CITY	•	STATE	ZIP CODE
			Telephone n	umber	
		ank			
safety deposit be	xes or maintains funds. Depository, etc. Wells Fargo Ba				
safety deposit be	xes or maintains funds. Depository, etc. Wells Fargo Ba	ank Ventura Bouley			
safety deposit bo	xes or maintains funds. Depository, etc. Wells Fargo Ba	Ventura Boule			
safety deposit bo	xes or maintains funds. Depository, etc. Wells Fargo Ba	Ventura Bouley por		[CA]	91436 J-[3000
safety deposit bo	wes or maintains funds. Depository, etc. Wells Fargo Ba 15760	Ventura Bouley por		CA STATE	91436 J-[3000 ZIP CODE
safety deposit be Name of Bank, I	wes or maintains funds. Depository, etc. Wells Fargo Ba 15760 1st, Flo	Ventura Bouley		CA STATE	
safety deposit be Name of Bank, I	wes or maintains funds. Depository, etc. Wells Fargo Ba 15760 1st, Flo	Ventura Bouley		CA STATE	
safety deposit be Name of Bank, i Mailing Address	wes or maintains funds. Depository, etc. Wells Fargo Ba 15760 1st, Flo	Ventura Bouley		CA STATE	
safety deposit bo	wes or maintains funds. Depository, etc. Wells Fargo Ba 15760 1st, Flo	Ventura Bouley		CA STATE	
safety deposit be Name of Bank, i Mailing Address Mailing Address	wes or maintains funds. Depository, etc. Wells Fargo Ba 15760 1st, Flo	Ventura Bouley		CA STATE	
safety deposit be Name of Bank, i Mailing Address	wes or maintains funds. Depository, etc. Wells Fargo Ba 15760 1st, Flo	Ventura Bouley		CA STATE	

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** 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): **PREPARER**