| FEC FORM 1 | STATEME | | RECEIVED 2012 APR 30 AM 11:55 FEC MAIL CENTER Office Use Only | |
|---|---------------------------------------|--|--|--|
| 1. NAME OF COMMITTEE (ir | n full) (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| WX. | SALLA | IVBRGE | BK | |
| LILLA | MDGREDC | 21100171 | | |
| ADDRESS (number and street) | | | | |
| (Check if an is changed) | | | WJ 6703-6 | |
| | | CITY | STATE ZIP CODE | |
| COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) | | | | |
| (Check if is change | | FTECHAL | DI QI YAHOQ, COM | |
| COMMITTEE'S WEB PAGE ADDRESS (URL) | | | | |
| (Check if is change | | SALDSCOM | ART. COM | |
| 2. DATE OS III ZOBI | | | | |
| 3. FEC IDENTIFICATION NUMBER | | | | |
| 4. IS THIS STATEMENT DIMENSION OR DIMENDED (A) | | | | |
| I certify that I have a | examined this Statement and to the bo | est of my knowledge and belief | f it is true, correct and complete. | |
| Type or Print Name of Treasurer | | | | |
| Signature of Treasurer WILSAFTURKGER Date ES 171 505 | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. | | | | |
| Office Use Only | | For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | | |

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| TYPE OF C | ОММІТТЕЕ | | | |
|-----------------------------------|---|--|--|--|
| Candidate | cemmiñae: | | | |
| (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 of Candidate | WILSA HIVERGER | | | |
| Candidale Party Affiliati | ion Office Senate President District | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | |
| Name of Candidate | IN TISA IN THE BERLING | | | |
| Party Committee: | | | | |
| (d) | This committee is a crossed or subordinate) committee of the Republican, etc.) Party. | | | |
| Political Action Committee (PAC): | | | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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. | | | |
| (1) | 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 Fundraising 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) 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.

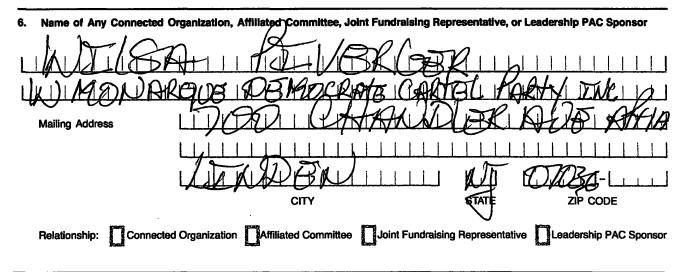
Committees Participating in Joint Fundraise

FEC ID number C 1. FEC ID number 2. FEC ID number 3. FEC ID number 4. 07:15Pm

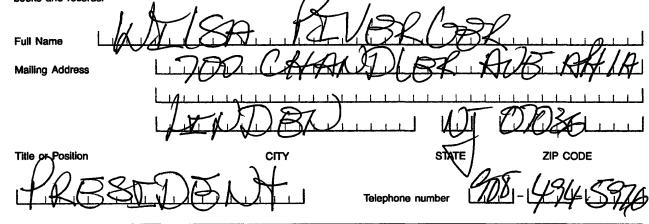
M

5.

Write or Type Committee Name

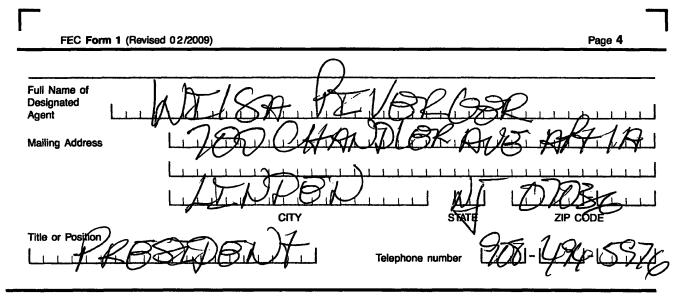


7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

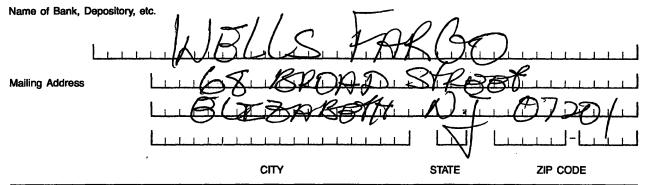


8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

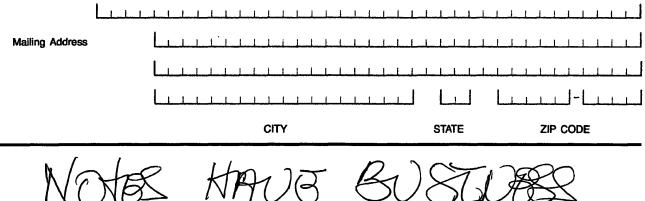
Full Name of Treasurer Mailing Address CODE CIT er, Positian Title Telephone number



9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.



Name of Bank, Depository, etc.



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): DATE PREPARED PREPARER (3/2005)