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FORM 1	UH	GANIZA	ATION	1	UIZJANII AM 8	-
NAME OF COMMITTEE (in		eck if name hanged)	Example:If typing, type over the lines.	12FE4M5	FORM WAN CENT	ER_
MOORE F	OR CONGRI	ESS			<u></u>	
ADDRESS (number a	P.O. E	3OX 501		 		
(Check if ar is changed)	ddress	pçço,		<u>IN</u>	47963	
		(CITY	STATE	ZIP CODE	
COMMITTEE'S WEB (Check if is change) 2. DATE (Check if is change)	address PAGE ADDRESS (URL) address d)	eforcong moorefo	ress@hotmail.c	com ,		
4. IS THIS STATE	MENT NEW (N) OR	AMENDED (A)			
I certify that I have of	Cynt	and to the best hia A. W	of my knowledge and belief it	' is true, correct	and complete.	
Signature of Treasure	$C_{M} \rightarrow 1$.	۱ کی نا	July	Date 01	05 201	Ž. `
NOTE: Submission of	•		may subject the person signing to ON SHOULD BE REPORTED W	•		§437g.
Office Use Only	e Dori di mua		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

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FEC Form	1	(Revised	02/2009)
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	F	FEC For	m 1 (Revised 02/2009)	Page 2	
5.			OMMITTEE .		
	(a)	ididate	Committee: This committee is a principal campaign committee. (Complete the candidate information below	1	
					lata
	(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	npiete the candid	ate
	Name Cand		Lester Terry Moore		لسب
	Cand	lidate	Office	State	IN
	Party	Affiliation	on DEM Sought: X House Senate President	District	04
	(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name	e of			1 1 1
	Cand	lidate			ii
	Part	ty Com	Imittee:	(Democratic,	
	(d)		This committee is a or subordinate) committee of the	Republican, etc	.) Party.
	Poli	tical A	ction Committee (PAC):	•	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organiza	ation is a:
			Corporation Corporation w/o Capital Stock	Labor Organia	zation
			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 scommittee. (i.e., nonconnected committee)	segregated 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.)		
					
	Join	t Fund	raising Representative:		
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate		cal
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more politi	cal
		Com	mittees Participating in Joint Fundraiser		
		1.	FEC ID number C	rine com	a i simili Maringan
		2.	FEC ID number		où e i i na e e e
		3.	FEC ID number C	erum die Führ were Ein von Une Ande	((************ (**********************
		4.	FEC ID number		

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Write or Type Committee I		
MOORE FOR	CONGRESS	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor	
None		
Mailing Address		
]
	CITY STATE ZIP CODE	<u> </u>
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spor	nso
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the person in possession of commi	ttee
	•	
Full Name	asurer	<u>. </u>
Full Name Mailing Address	asurer	
Full Name L	asurer	
Full Name L	asurer	1 1 1
Full Name L	city state zip code	<u> </u>
Mailing Address		
Mailing Address Title or Position	CITY STATE ZIP CODE Telephone number —	i i
Mailing Address Title or Position Treasurer: List the name any designated agent (6)	CITY STATE ZIP CODE Telephone number —	
Mailing Address Title or Position Treasurer: List the nam any designated agent (expected by the content of th	CITY STATE ZIP CODE Telephone number	i i
Mailing Address Title or Position Treasurer: List the name any designated agent (expenses of Treasurer) Full Name of Treasurer	CITY STATE ZIP CODE Telephone number — Line and address (phone number — optional) of the treasurer of the committee; and the name and address one, assistant treasurer). nthia Ann Willey	
Mailing Address Title or Position Treasurer: List the name any designated agent (expenses of Treasurer) Full Name of Treasurer	CITY STATE ZIP CODE Telephone number — Line and address (phone number — optional) of the treasurer of the committee; and the name and address one, assistant treasurer). nthia Ann Willey	i i

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Full Name of Designated Agent	_[Nancy Eyelyn Moore , , , , , , , , , , , , , , , , , , ,		
Mailing Address	2435 S. Meridian Road	111111111	
	Morpcco city	IN 47963 zip c)-[:ODE
Title or Position Assistant		none number [219] - [285	j_[2081, j
	Depositories: List all banks or other depositories in which the oxes or maintains funds. Depository, etc. DeMotte State Bank	committee deposits funds, holds acco	ounts, rents
Mailing Address	լ101 S. Main Street		
	[Morocco	IN47963,	<u> </u>
	CITY	STATE ZIP C	CODE
Name of Bank, I	Depository, etc.		
	None		
Mailing Address			
			لحبيب
			لـــــا-لـ
	CITY	STATE ZIP (CODE

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):

(3/2005)