## 12030761111

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED

2012 MAR 26 AM 10: 07

OMETIC MAIL CENTER

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	₩		
THE COMMITTEE TO ELECT AMISA ABO EL FATTAH						
ADDRESS (number and street)	1336 17ARLA	ND DR				
(Check if address is changed)	COLUMBUS		OH 14:	<u></u> <u></u>		
		CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRE		A	·			
(Check if address is changed)	EDITOR 6	PROGRESSIVL	5-10/A1/L.	7.0.M.		
COMMITTEE'S WEB PAGE AD	DRESS (URL)					
(Check if address is changed)  (Check if address is changed)						
2. DATE 83' 23' 20\2_						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer ARBOR WINTER BARROW						
Signature of Treasurer	Koln W For St		Date OS	13/2012		
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 Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

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	OMMITTEE	
(a) X	This committee is a principal campaign committee. (Complete the candidate information belo	w.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	omplete the candidate
Name of Candidate		
Candidate Party Affiliat	on (ND Office Sought: House Senate X President	State  District
(c) X	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	ANUSA ABD EL HATTIAH	
Party Cor	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Pa
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization i
	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 committee. (i.e., nonconnected committee)	segregated fund or pa
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	fraising Representative:	
(g)	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 candida	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
Con	mittees Participating in Joint Fundralegr	
1.	FEC ID number C	
2.	FEC ID number C	· "
		•
3.	FEC ID number C	

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Write or Type Committee Name	· · · · · · · · · · · · · · · · · · ·
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leadership PAC Sponsor
<u> </u>	
Mailing Address	
CITY	STATE ZIP CODE
	Fundraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional books and records.</li> </ol>	) and position of the person in possession of committee
Full Name HOWARD CAPENER	
Mailing Address Pro BOX 33,156,5	
MASHULLE	
MASHULLE	11 114 137203-1111
Title or Position CITY	STATE ZIP CODE
CUSTODIAN	ephone number 6,1,5,-19,4,4-18,208
8. <b>Treasurer:</b> List the name and address (phone number optional) of the treasury designated agent (e.g., assistant treasurer).	surer of the committee; and the name and address of
Full Name Of Treasurer ARBOR WINTER BARR	$\phi \psi$
Mailing Address 12315 MERCURY BU	
APT 0-216	
MURFRESBORO,	
Title or Position  [REASORER   Tele	ephone number 6,1,5,-15,56,-132,96

		····			
Full Name of Designated Agent					
Mailing Address	PO. BOX 331563	<b>&gt;</b>			
	MASHVILE	STATE	137,2031-L		
Title or Position	F RECOVOS	Telephone number	615-1944-18408		
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.					
WELL	45 EARGO	1 1 1 1 1 1			
Mailing Address	LITTIZ WEST END	AVE			
	NASHVILLE		37.2031-		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository,	etc.				
1			1		
Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
<b>9</b>		1 1 1 1 1 1			
	CITY	STATE	ZIP CODE		
	<del></del>				

## **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)