

Only

STATEMENT OF

FEDERAL TO THE COMMENT OF THE PUBLIC OFFICE OFFICE

FORM 1		OR	GANIZ	ATIO	N	201		-3 AM	9: 59 fice Use Only	,
NAME OF COMMITTEE (in	n full)		eck if name nanged)	•	le:If typing, t e lines.	type	12FE			
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		1111		1111	1111					
ADDRESS (number a	nd street)	1-5-6	4 4 1	م الحراث الحراد	در ۱۶۱۱	411 N.	اراوا	4 4 4		
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		(LIE 13 14)	<u> c e s †</u>) e k		ا	STATE			CODE A
COMMITTEE'S E-MA	AIL ADDRE	ss								
(Check if is change		1,,,								1
is changed	J)	Optional Se	cond E-Mail A	ddress		, 				
					1.1.1.1					
COMMITTEE'S WEE	address					·				
2. DATE	M / D	3 20								
3. FEC IDENTIFIC	CATION N	JMBER >	C	and the second s		in the second				
4. IS THIS STATE	MENT X	: NEW (N) OR		AMENDE	D (A)				
I certify that I have		_		st of my kno	owledge and	belief it is	s true, c	orrect and	l complete.	
Signature of Treasur	er 🥖	Zze '	f rosex	distribution of the second			Date	08	63	12012
NOTE: Submission of	false, erron		plete informatio E IN INFORMA		•				penalties o	f 2 U.S.C. §437g.
Office	I			Fo	or further info	rmation co	ntact:		EEC E	7DM 1

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 06/2012)			

Local 202-694-1100

FE	EC Fo	orm 1 (Revised 02/2009)	Page 2			
TYPE	OF C	COMMITTEE				
Cend	_	e Committae:				
(a)	X	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 Candid	-		· .			
Candid Party /		ion A Sought: House Senate X President	State District			
(c)	Maria di Maria	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candid		George Lascelles Pater Bomitach	FERSER			
Party	Con	mmittee:				
(d)	X	الله الله الله الله الله الله الله الله	mocratic, publican, etc.) Party.			
Politi	cal A	Action Committee (PAC):				
(e)	5 Y	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a			
		Corporation Corporation w/o Capital Stock	abor Organization			
		Membership Organization Trade Association C	poperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated fund or party			
	In addition, this committee is a Lobbyist/Rogistrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint	Func	draising Representative:				
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
(h)	Y	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political			
	Com	nmittees Participating in Joint Fundraiser				
	1.	P: 6 E: 79 het FEC ID number C	Comment of the second of the s			
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	3.	FEC ID number C				
	4.					

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_	FEC Form 1 ((Revised 02/2009)	Page 3
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	n: shts	s obutuau Southlinet	
6.	Name of Any Con	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
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L	<u> </u>		<u> </u>
L			
	Mailing Address		
		CITY STATE 2	ZIP CODE
	Relationship:	Connected Organization Affiliated Committee Julion Fundraising Representative Lea	dership PAC Sponsor
			·
7.		ords: Identify by name, address (phone number optional) and position of the person in poss	session of committee
	books and records.		
	Full Name	[] e e Y 6 e 0 r 7 e F E A 5 e R	
	Mailing Address	6,4, 0, F, F, A, 1, Y, 15, t, e, e, e, t, , , , , , , , ,	
		A.m.: 1414141411111111111111111111111111111	<u> </u>
	Title or Position	CITY STATE 2	ZIP CODE
	161	1 12 44 61 12	
	[Chai: am	Telephone number	<u>07]-[1,3,4,3</u>]
8.		name and address (phone number optional) of the treasurer of the committee; and the nament (e.g., assistant treasurer).	ne and address of
	Full Name of Treasurer	CARYUSOULUME FRANCER CALLOURIZY	
	Mailing Address	1,1,0,1, (cen+12,=1, Ax c Rm 6,0,9	
		Weistichierstiere wiy 136	018-51742
	Title or Position		ZIP CODE
	L F O	Telephone number 7114 - 61	4.9 - 9.9.0.0

Full Name of Designated Agent	[[] = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =						
Mailing Address	[((- - L L : + =]						
	CITY	STATE	ZIP CODE				
Title or Position	Filephone no	ımber 🔼	<u>0,8-3,8:()-&,4,6;()</u>				
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.							
	[4: +: 3.4.2.K.						
Mailing Address	1,408 MA 3 C M K O N						
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	We sit whe sit er	لوطا	161949-11105				
	CITY	STATE	ZIP CODE				
Name of Bank,	Depository, etc.						
Mailing Address		1 1 1 1 1					
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	CITY	STATE	ZIP CODE				

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	nation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	-
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
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
Other (Specify):	ceipt or Postmarked
Sh	8/3/12
PREPARER (3/2005)	DATE PREPARED
(JIZUUJ)	