2010 JAN 29 AM 8: 37

FEC FORM 1		STATEME			l Office Use Only
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4	M5
BILLING HIP	ar (	ONGRESS	<u> </u>		
	<del></del>			1_1_1_	
ADDRESS (number a	nd street)	110736 SE	PULVEDA BL	V.D	
(Check if address Is changed)		HISSIAN H	145	CA	<u> 913,45</u>
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRE	SS (Please provide only one	e-mail address)		
ALOUE I	<b>LAGE</b> address	INFICEVOIT	1815 1 W61-1- COM	1.1.1.1.	
is changed)			<u> </u>		
COMMITTEE'S WEB	PAGE AD	DRESS (URL)			
(Check if a is changed		WWW.VOTES	1 NGH. COM		
2. DATE 0	Ĭ ′ Ž	2 2010			
3. FEC IDENTIFIC	CATION N	JMBER C	00467712	-	
4. IS THIS STATEM	MENT :	NEW (N) OR	AMENDED (A)	<del> </del>	
I certify that I have e	xamined th	is Statement and to the bo	est of my knowledge and belie	f it is true, corr	ect and complete.
Type or Print Name of	of Treasure	TIMOT	hy J. Da	rvis	
Signature of Treasure	or	Tat.		Date C	1 2 2 2010
NOTE: Submission of 1		•	on may subject the person signin		t to the penalties of 2 U.S.C. §437g.
Office Use			For further information Federal Election Commi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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		OMMITTEE		
Ca	ındidate	Committee:		
(a)	سنبسا	This committee is a principal campaig	gn committee. (Complete the candidate information belo	w.)
(b)	; ;	This committee is an authorized cominformation below.)	mittee, and is NOT a principal campaign committee. (Co	emplete the candidate
	me of ndidate	NAURAJ SING	4.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
	ndidate ty Affiliatio	on REP Office Sought:	House : Senate President	State CA District 27
(c)	8.7	This committee supports/opposes only	y one candidate, and is NOT an authorized committee.	•
	me of ndidate			
Pa	rty Con	mittee:	·	
(d)		This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Po	litical A	ction Committee (PAC):		
(e)		This committee is a separate segrega	ated fund. (Identify connected organization on line 6.) Its c	onnected organization is a
		Corporation	Corporation w/o Capital Stock	Labor Organization
		Membership Organization	Trade Association	Cooperative
		In addition, this commit	tee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes mo committee. (i.e., nonconnected commit	re than one Federal candidate, and is NOT a separate tee)	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.)	
Joli	nt Fund	raising Representative:		
(g)	: :		ays fundraising expenses and disburses net proceeds for of which is an authorized committee of a federal candidate	
(h)			ays fundraising expenses and disburses net proceeds for h is an authorized committee of a federal candidate.	two or more political
	Com	nittees Participating in Joint Fundra	aiser	
	1.		FEC ID number	:
	2.		FEC ID number C	
	3.		FEC ID number; C	
	4.		FEC ID number	

TEO FORM T (FICTION	0000)					90 0
Write or Type Committee Nam	ne					
6. Name of Any Connected	Organization, Affiliated	Committee, Joint	Fundraising Rep	resentative,	or Leadership PAC	Sponsor
		11111			11111	1111
Mailing Address						
				ليا	<u> </u>	
		CITY		STATE	ZIP COI	DE
Relationship: - Connecte	ed Organization Affiliat	ed Committee :	Joint Fundraising	Representat	ive : Leadership	PAC Sponsor
	····					
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (p	hone number o	otional) and positi	on of the pe	rson in possession	of committee
Full Name	atitly J. DA	liVIIS	<u> </u>			أحلحلحل
Mailing Address	1073656	PULVED	A BLU	<u> </u>	11111	لــــــــــــــــــــــــــــــــــــــ
		<del>                                      </del>	<u> </u>			أحلحلا
	MILSISILIAN	H11445		CA	91345	لحبيا
Title or Position		CITY		STATE	ZIP COD	ÞΕ
TREASURSE	-MANAGER	لب	Telephone num	iber 8	8-392-	88047
B. Treasurer: List the name an any designated agent (e.g.,		r optional) of the	e treasurer of the	committee;	and the name and a	address of
Full Name of Treasurer	OTHY J. DI	91/1/5	<u></u>	<u> </u>	<u> </u>	لـــــا
Mailing Address	11073656	RUGUSI	ABLU	D		لحسط
		<del></del>	<del></del>		<del></del>	لسسا
	MISSIDIN		لبيا	STATE	911395	
Title or Position		eity <b>2</b>	Telephone num	STATE	zip cod -81-13921-	_
						J

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FEC Form 1 (Revise	ad 0.2/2009)		
PEC POINT (Novice	02/2009)		rage 4
Full Name of Designated Agent			
Mailing Address		<del>                                     </del>	
	CITY	STATE	ZIP CODE
Title or Position			
	I I I I I I I I I I I I I I I I I I I	ne number	لــــــا-لــــا
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,		committee deposits 1	unds, holds accounts, rents
BAN	K OF ISANTA CLARITA		
Mailing Address	1271441 TOURNEY RIGH	DISWIT	8 100
	SAMTA CCARUTA		91/355
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
	<del></del>	<u> </u>	
Mailing Address			
			أحسني المسادل
		لــا لـ	<u> </u>
	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.					
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Postmark Illegible					
No Postmark					
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(3/2005)	DATE PREPARED				