## 3031071130

**FEC** FORM 1

Only

## STATEMENT OF **ORGANIZATION**

RECEIVED

2种MAY 20 AM 9: 07 Office Use Only

1. NAME OF COMMITT	EE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5"	VIE DEN HER			
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Accition	N COM	ni 1+1	t1e161111						
ADDRESS (nur	nber and street)	2131121 Carrey Alvieniule							
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		Chi	<u>eivieinini€i</u> CITY ▲		WY 8	2 0 0 1 - 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2			
COMMITTEE'S	E-MAIL ADDRE	SS							
(Che is ch	ck if address anged)	Ontion	al Second E-Mail Add	free	•				
COMMITTEE'S	WEB PAGE ADI	ORESS (	URL)						
(Che is ch	ck if address anged)	<u>                                      </u>		NIGIRIEIAI · IDIRIGI					
2. DATE	0.5	6	20,13						
3. FEC IDEN	ITIFICATION NU	JMBER	▶ CG.	0.2.7.6.4.8.5					
4. IS THIS S	TATEMENT	NE	W (N) OR	AMENDED (A)					
I certify that I h	ave examined th	is Stater	nent and to the best	of my knowledge and belief	it is true, correct ar	nd complete.			
Type or Print N	ame of Treasure		Shaun	Joylar					
Signature of Tre	easurer		Kly		Date O	[27] [2013]			
NOTE: Submissi			•	may subject the person signing		e penalties of 2 U.S.C. §437g.			
Office Use	1 1	-		For further information Federal Election Commi Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)			

Local 202-694-1100

	_	COMMITTEE  Committee:									
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)									
(p)	7 A	.  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)									
Nam Cand	e of didate										
	didate / Affiliati	Office State Senate President District									
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.									
Nam- Cano	e of didate										
Par	ty Con	nmittee:									
(d)	Lea	This committee is a (National, State (Democratic, Republican, etc.) Party.									
Poli	tical A	ction Committee (PAC):									
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:									
		Corporation Wo 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 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.)									
Join	t Fund	Iraising 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.									
	Com	nmittees Participating in Joint Fundraiser									
	1.	FEC ID number C									
	2.	FEC ID number C									
	3.	FEC ID number									
	4.	FEC ID number									

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Write	FEC For		ed 02/2009) ame	Page 3					
	ame of An	Connecto	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor					
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	<u> </u>								
LL									
Ma	ailing Addre	ss							
			CITY STATE	ZIP CODE					
Re	elationship:	Conne	ected Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponso					
	ustodian of ooks and red		Identify by name, address (phone number optional) and position of the person in po	ssession of committee					
Fu	ıll Name	ـــــا							
M	Mailing Address								
Ti	tle or Position	on	CITY STATE	ZIP CODE					
L	1111	111	Telephone number						
	enouver lie	t the new	and address (phane number antique)) of the traceurar of the committees and the nu	ome and address of					
8. Tr	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).								
	II Name Treasurer	لبا		<del></del>					
Ma	ailing Addres	ss							
			CITY STATE	ZIP CODE					
Tit	tle or Positio	ก		1 1					
	1 1 1 1	1 1 1	Telephone number	1 1 [-] 1 1 1					

## **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): Frd EHP 5/17/13 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

(3/2005)