FEC FORM 1

## STATEMENT OF ORGANIZATION

RECETVE 2011 NOV 10 AM 10: 29
FEC MAIL CENTER

				Office Use Only MAIL CENTE
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	all man of the manufactures
The Commit	tigg ition lellic	ect Chrisif	edieiris	<u>en</u>
ADDRESS (number and street)	POBICIX 570	8511		
(Check if address is changed)	[M.1.A.W		Fi	  3 <i>;</i> 3 <b>2,</b> 5; <del>3</del>  -
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	ESS (Please provide only one	e-mail address)		
(Check if address		-herepoblic	10,19,	
is changed)				
COMMITTEE WED DAGE AS				
COMMITTEE'S WEB PAGE AD	Δ.	regublinanos	<b></b>	1
(Check if address is changed)		I ZOO II I COO II	9444	
2. DATE	Foll			
3. FEC IDENTIFICATION N	UMBER C6	050065.2		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the bes	st of my knowledge and belief it	is true, correct	and complete.
Type or Print Name of Treasure	or Suzanne 1	Hohlub		
· ·		$\sim 0.0$	ru vi	
Signature of Treasurer		The state of the s	Sate 1	1 02 201,1
NOTE: Submission of false, error	·	n may subject the person signing to		the penalties of 2 U.S.C. §437g.
Office Use		For further information c Federal Election Commissi		FEC FORM 1

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	F	EC Fo	orm 1 (Revised 02/2009) Page 2	'
5.			COMMITTEE	
			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 candidat information below.)	te
	Name Cand		George Christingn Pedersen	<u> </u>
	Cand Party	ioalo Affiliati	Office State Senate President	
			District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Part	y Con	mmittee:	
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.)	Party.
	Polit	tical A	Action Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	on is a
			Corporation W/o Capital Stock Labor Organizat	tion
			Membership Organization Trade Association Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.	
	<b>/</b> 0	Band	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or	norty
	<b>(f)</b>		committee. (i.e., nonconnected committee)	party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	t Fund	draising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politica committees/organizations, at least one of which is an authorized committee of a federal candidate.	l
	(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.	İ
		Com	nmittees Participating in Joint Fundraiser	
		1.		_
		2.		
		3.		
				- V
		4.	FEC ID number	

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Title or Position	CITY	STATE	ZIP CODE
	Tele	ephone number	
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treassistant treasurer).	surer of the committe	e; and the name and address of
	_		
Mailing Address	19,0,B0,X, 5,7,0,85,1, , ,		1111111
	CITY	STATE	33  25   9   -
Title or Position		phone number	
_			

	m 1 (Revised 02/2009)	
Full Name of		
Designated Agent		
Mailing Address		
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		-
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.	
safety deposit by Name of Bank,	Depository, etc.	
safety deposit by Name of Bank,	Depository, etc.  BANK ATCANTIC	<u> </u>
safety deposit b	Depository, etc.  BANK ATCANTIC	
safety deposit by Name of Bank,	Depository, etc.    BANKALANTIC   15725, SAUTA   DIXILE HWY	
safety deposit by Name of Bank,	Depository, etc.    BANK   At Lantic   C   C   C   C   C   C   C   C   C	01.5.71-
safety deposit by Name of Bank,	Depository, etc.    BANKALANTIC   15725, SAUTA   DIXILE HWY	21 Sp CODE
safety deposit to Name of Bank, Mailing Address	Depository, etc.    BANK   AT LANTIC   ISA25, SOUTH, DIXIE   H. WY.	
safety deposit to Name of Bank, Mailing Address	Depository, etc.    BANK   AT CANTIC   ISA25, SAUTA   DIXITE   HING.	
safety deposit to Name of Bank, Mailing Address	Depository, etc.    BANK   AT CANTIC   ISA25, SAUTA   DIXITE   HING.	
safety deposit to Name of Bank, Mailing Address	Depository, etc.    BANK   At CANTIC   AT	
safety deposit to Name of Bank, Mailing Address	Depository, etc.    BANK   At CANTIC   AT	
safety deposit to Name of Bank, Mailing Address	Depository, etc.    BANK   At CANTIC   AT	

## **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): FEDEX 11/8/11 **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): ////o/// DATE PREPARED