

FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

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2018 MAY 21 AM 9:51

(Revised 06/2012)

Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. 1944614 HOR GONGRESS ADDRESS (number and street) (Check if address is changed) ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address liefficialitionilefficiallenincion is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address Lieffici y Weniforcio Maneisiri is changed) DATE FEC IDENTIFICATION NUMBER ▶ 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. Cicon Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

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5.	TYPE OF CO	OMMITTEE Committee:		
	(a)	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 of Candidate	WEIFIREM CULLEN		
	Candidate Party Affiliation	Office State President District		
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name of Candidate	山戸本まれる。 11111111111111111111111111111111111		
	Party Com			
	(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.		
	Political A	ction Committee (PAC):		
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a		
		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 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.)		
	Joint Fund	raising Representative:		
	(g)	(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	mittees Participating in Joint Fundraiser		
	1.			
	2.	FEC ID number		
	3.	FEC ID number		
	4.			

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FEC Form 1 (Revis	sed 02/2009)	Page 3			
Write or Type Committee N					
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6. Name of Any Connecte	ted Organization, Affiliated Committee, Joint Fundralsing Representative, or Leade	rship PAC Sponsor			
<u> </u>					
Mailing Address					
Maining Address					
	CITY STATE	ZIP CODE			
-					
Relationship: Conne	nected Organization Affiliated Committee Joint Fundraising Representative	_eadership PAC Sponsor			
· · · · · · · · · · · · · · · · · · ·					
 Custodian of Records: books and records. 	: Identify by name, address (phone number optional) and position of the person in p	ossession of committee			
Full Name U	18181819 CULTEM				
Mailing Address	7569 [] A M J M J M V E V V E V V E V V E V V				
	APAUTIMENT IS I I I I I I I I I I I I I I I I I I	. ·			
	(JA, J, 0, L, JA) (QA) (QA)	01317-			
Title or Position	CITY STATE	ZIP CODE			
10 4 4 6 4 6 6		SEI 18000			
[C] 4 1 9 1 1 9 1 N T	Telephone number 3112-	212101-10141418			
	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).				
any designated agent (e.	.g., assistant treasurer).				
Full Name of Treasurer	FFRENCY CUCCEN				
Mailing Address	75/6/01 15/4/12 14/15/4/15/11/11	······································			
	BP, D, RT, ME, N, T, S				
	[4A] 1014A 1 1 1 1 1 1 1 1 1	01377			
Title or Besiden	CITY STATE	ZIP CODE			
Title or Position	Telephone number 13,\\4-1	5,5,0 -[8,2,2,8			

CITY

STATE

ZIP CODE

Mailing Address

FedEx Saturday Delivery

FedEx° Saturday Delivery

FEDERAL ELECTION COMMISSION 1050 FIRST ST NE

WASHINGTON DC 20463

UNITED STATES US

7560 EADS AVE

envelope shipping FedEx carbon neu

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Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	ceipt or Postmarked			
nf	5-21-18			
(3/2015)	DATE PREPARED			