2010 SEP 13 AM 9: 33

FEC FORM 1	STATEMENT OF ORGANIZATION						
1. NAME OF COMMITTEE (in	n full)		(Check if name is changed)	Example:If typing, ty over the lines.	pe		
SEPA Veter	ans, for	Cq	ngress	1.	1 1 1		
	1 1 1 1	_11					
ADDRESS (number o	and street)	10;	2 Waterman	St, Suite 2,	1 1 1		

FEC FORM 1		_	ATEME RGANIZ	_			Office Use Only	•
I. NAME OF COMMITTEE (in	ı full)		heck if name changed)	Example:If typing over the lines.	, type 12	FE4M5		
SEPA Veter	ans, for	r Cong	ress 🔟	1,1,1,1,1,1		<u> </u>		
						<u> </u>		لب
ADDRESS (number a	nd street)	102 ,	Waterman	St, Suite 2	 			لب
(Check if address						<u> </u>		
is changed)		Prov	idençe		ًا لـــ		02,996,	لــــا
				CITY	STA	TE	ZIP CODE	
COMMITTEE'S E-MA	IL ADDRESS	6 (Please p	provide only one	e-mail address)				
(Check if is change	address	bret	t@qampai	gnfinances,c	epm i i i			لبب
COMMITTEE'S WEB	PAGÉ ADDF	RESS (URI		A CONTRACTOR OF THE STATE OF TH	• • • • • • • • • • • • • • • • • • •	er er en en tyk er er	Salah (1985) Ang Pagat Kabupatèn Ang Pagat	Y
(Check if a is changed		none,						
2. DATE 08	24	, V20	010	Lary Section	e			
B. FEC IDENTIFIC	NUN NOITAC	MBER '	C					
I. IS THIS STATEM	MENT X	NEW (I	N) OR	AMEND	ED (A)			
certify that I have e	examined this	Statemen	t and to the be	st of my knowledge an	d belief it is tru	ie, correct a	nd complete.	
Type or Print Name of	of Treasurer	Bret	t P. Smi	lley			-	
Signature of Treasure	, <u>D</u>	2 0	<i></i>	\- <u>-</u>	Date	09	02 2	75
NOTE: Submission of			-	n may subject the person			•	C. §437g.
Office Use		,		For further Inf	ormation contact		FEC FORM	

 Office				For further information co
Use				Federal Election Commission
Only	* 1	,	•	Toll Free 800-424-9530 Local 202-694-1100

FEC F	Form 1 (Revised 02/2009) Page 2
-	COMMITTEE to Committee:
(a)	te Committae: 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
Name of	information below.)
Candidate	
Candidate Party Affilia	Office State ation Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Pa
Political	Action Committee (PAC):
(0)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
	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 procommittee. (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 Fur	ndraising Representative:
(g) X	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.
Со	mmittees Participating in Joint Fundraiser
1.	Patrick Mutphy for Congress FEC ID number C 00411991
2.	Trivedi for Congress FEC ID number C 00466607
3.	FEC ID number C
4.	

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Write or Type Committee Name		
6. Name of Any Connected Organ	nization, Affiliated Committee, Joint Fundralsing Representative, or Leadership Po	AC Sponsor
None		
Mailing Address		
L		
L		<u>ا ا ا</u>
	CITY STATE ZIP (CODE
Relationship: Connected Org	panization Affiliated Committee Joint Fundraising Representative Leaders	nip PAC Sponsor
		<u></u>
 Custodian of Records: Identify I books and records. 	by name, address (phone number optional) and position of the person in possessi	on of committee
Brett S	Smiley	
	02 Waterman St, Suite 2	
	<u> </u>	
L	Providence RI 02906	J-L
Title or Position	CITY STATE ZIP (CODE
Treasurer	Telephone number 401 - 454	- 0991
 Treasurer: List the name and ad any designated agent (e.g., assis 	dress (phone number optional) of the treasurer of the committee; and the name at tant treasurer).	nd address of
Full Name of Treasurer Brett St	\mathtt{miley}_{i} , i ,	
Mailing Address	02 Waterman St, Suite 2	1 1 1 1 1
ــا		
با تـا	rovidence RI 02906	البسا-
Title or Position	CITY STATE ZIP C	ODE
Treasurer	Telephone number 401 - 454	0991

CITY

STATE

ZIP CODE

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Name of Bank, Depository, etc.

Mailing Address

1003042214

(3/2005)

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