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FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2009 MAY 18 A 9: 08

(Revised 02/2009)

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) 1:21 is changed) over the lines. IGE ORGIA PAC PID ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE CO0417113 3. FEC IDENTIFICATION NUMBER OR AMENDED (A) IS THIS STATEMENT NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

120 10	raye 2
	COMMITTEE
	e 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	
Candidate Party Affiliat	Office State Ion Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	mmittee:
(d)	This committee is a (National, State (Democratic, Republican, etc.) Party.
Political A	Action 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	draising 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.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number C
3.	FEC ID number C
4.	FEC ID number

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	FEC Form 1 (Revised	 	Page 3						
	Write or Type Committee Name								
	<u>Cerraia PAC</u>								
6.									
Ī	IM MARISIAIN								
L	: :								
	Mailing Address	586 ORAWGE STREET							
		MINICION !	2011-						
		· CITY STATE	ZIP CODE						
	Relationship: Connecte	d Organization Affiliated Committee JJoint Fundraising Representative	Leadership PAC Sponsor						
	ريه	LENGTH LINES							
7.	. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.								
	Full Name REBIE CCA: WINDA AM, I I I I I I I I I I I I I I I I I I I								
	Mailing Address	P10:180X115121111111111111111111							
		MACON GA BA	2,0,2,-0,5,2,1						
	Title or Position	CITY STATE	ZIP CODE						
	ASSITSTANT	TRIEINS UREE Telephone number 478 -	9,981-[1,5,82]						
8.	Treasurer: List the name are any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of						
	Full Name of Treasurer	EN. COLEMAN.							
	Mailing Address	P10: 18:01x: 5:21: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>						
		CITY STATE	202						
1	Title or Position	Telephone number 479-	<u> </u>						
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FEC Form 1	(Revised 02/2009)	•		Page 4
Full Name of Designated Agent	EIBIEICICA WIINIOHAM	<u> </u>		
Mailing Address	P10, 18,0x, 15,21	1.11111		
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	CITY		RIATE	3,1,2,0,1 - 0,5,2 1 ZIP CODE
Title or Position A S S 3 S A C	AL TREASURED	Telephone numb	per <u> Y 1</u>	79-19.98-17.5.82
safety deposit boxes			e deposits (runds, holds accounts, rents
-	PO: BOX 6242		. L L., . L.	
Mailing Address	1			
	OK LANOO		FL	32862-2227
	CITY		STATE	ZIP CODE
Name of Bank, Dep	ository, etc.	 		
L.				1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address	1		1 () :	
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(3/2005)

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** 5/11/09 **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): 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):