10030414154

STATEMENT OF

2010 AUG 30 AM 8: 47

FORM 1		ORGANI	ZATION		Office Use Only
1. NAME OF COMMITTEE (in	fuli)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	anto unit en espesión :
SEPA Red t	o Blue		<u> </u>	<u> </u>	
		<u> </u>	<u> </u>	1:11.	<u> </u>
ADDRESS (number a	nd street)	102 Waterma	n St, Suite 2	!	
(Check if address is changed)			<u> </u>	111:1	
is shanged,		Providence		RŢ	02,906
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	SS (Please provide only or	ne e-mail address)		
6**Si (Ot) !		brett@campa	ignfinances.com	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>
(Check if is change			· .:	- 1-1-1-	
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)	• • • • • • • • • • • • • • • • • • •	## * · · · · · · · · · · · · · · · · · ·	
(Check if	addraee	none,	<u> </u>	· _:	
(Check if is changed			<u></u>	<u> </u>	
2. DATE 08		2 2010			V +
3. FEC IDENTIFIC	CATION NU	JMBER C	o de la companya della companya della companya de la companya della companya dell		
4. IS THIS STATE!	MENT X	NEW (N) OF	AMENDED (A)		****
I certify that I have e	examined th	is Statement and to the	best of my knowledge and belie	f it is true, correc	t and complete.
Type or Print Name	of Treasure	Brett P. St	miley		
Signature of Treasure	er	35/	·	Date 0	8 105 125 18
NOTE: Submission of			ntion may subject the person signin		
Office Use Only			For further Information Federal Election Commi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

5.

TYPE OF COMMITTEE								
Candidate 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 Affiliation		Office State on Sought: House Senate President District						
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Cand	e of lidate							
Parl	ty Con	nmittee:						
(d)		(National, State (Democratic, or subordinate) committee of the 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 Corporation w/o Capital Stock Labor Organization						
		Membership Organization Trade Association Cooperative						
		In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	Ц	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	raising 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.						
	Committees Participating in Joint Fundraiser							
	1.	Lentz for Congress FEC ID number C 00465195						
	2.	Trivedi for Congress FEC ID number C 00466607						
	3.	FEC ID number						
	4.	FEC ID number C						

FEC FORM I (Nevise	0 02/2009)	rage 3				
Write or Type Committee Na	ume					
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representativ	e, or Leadership PAC Sponsor				
None	<u> </u>	<u> </u>				
	1: 1 1 1 1 1 1 1 1 1	1:111111				
Mailing Address		!				
	0TATE	779.0005				
genty	CITY STATE	ZIP CODE				
Relationship: Connec	cted Organization Affiliated Committee	ntative Leadership PAC Sponsor				
7. Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of the	person in possession of committee				
Bre	tt Smiley					
Mailing Address	102 Waterman St, Suite 2					
	Providence RI	02906				
Title or Position	CITY STATE	ZIP CODE				
Treasurer	Telephone number	401 - 454 - 0991				
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee., assistant treasurer).	e; and the name and address of				
Full Name of Treasurer Bret	t Smiley					
Mailing Address	Mailing Address 102 Waterman St., Suite 2					
	Providence	02906				
Title or Position Treasurer	CITY STATE Telephone number	ZIP CODE 401 - 454 - 0991				

-	FEC Form 1 (Re	evised 02/2009)		Page 4
	Full Name of Designated			
	Agent			<u>' </u>
	Mailing Address			<u>.</u>
٠				<u> </u>
		CITY	STATE	ZIP CODE
	Title or Position		phone number	
9.	Banks or Other Depos	sitories: List all banks or other depositories in which th	e committee deposits fu	ands, holds accounts, rents
.	safety deposit boxes or Name of Bank, Deposito	maintains funds.		, ,
	Bar	nk of America	<u> </u>	ليبلننين
	Mailing Address	111 Westminster Rd		
		Providence	RI	02903 -
		CITY	STATE	ZIP CODE
	Name of Bank, Deposito	ory, etc.		
	. لــــ			
	Mailing Address	<u></u>	<u> </u>	
			<u> </u>	
	•			
		CITY	STATE	ZIP CODE

(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, **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): PREPARER

DATE PREPARED