RECEIVED FEC MAIL CENTER

FEC FORM 1		STATI ORG	EMEN ANIZA			2008	FEB -6	PM Office Use	-	ı
1. NAME OF COMMITTEE (in	n full)	(Check if		Example over the	e:If typing, typ	De 121	E4M5]	
FRIENDS	, O, F,	PAUL, A	A, B,R,A,	M50,)	,			<u> </u>	111	لب
				111		1111	4.1.4			لب
ADDRESS (number a	and street)	$P_{\cdot \cdot \cdot \cdot 0 \cdot \cdot \cdot \cdot \cdot}$	3 _. 0 _. x ,	8,2,1,0	<u> </u>			<u></u>		لب
(Check if a		ــــــــــــــــــــــــــــــــــــــ			1-1-1-1		444-		444	لب
is changed))	EVANSI	11.4.6	E			N 4	77	ليا-لي	لبب
COMMITTEE'S E-MA	AU ADDDES	3	C	HTY		STAT	E	z	IP CODE	
PAULOZZ				111	<u> </u>					
			<u> </u>	الما	<u> </u>				1111	لـــــا
COMMITTEE'S WEB			GRESS.	CO~	 			<u>-</u>		<u>_</u>
COMMITTEE'S FAX NUMBER										
2. DATE 02 06 2008										
3. FEC IDENTIFICATION NUMBER										
4. IS THIS STATE	MENT X	NEW (N)	OR		AMENDED ((A)				
I certify that I have e	examined this	Statement and	to the best of	of my knoi	viedge and be	elief it is true	, correct an	nd comp	lete.	·
Type or Print Name of Treasurer Paul Abramson										
Type or Print Name of Treasurer Paul Abramsok Signature of Treasurer Date Date Date										

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.

L	Office Use Only			For further Information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 12/2007)
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_	FEC For	m 1 (Revised 12/2007)	Page 2							
		PE OF COMMITTEE								
	(T)	te Committee:								
	(a) [J.	This committee is a principal campaign committee. (Complete the candidate information below	.)							
	(b) <u> </u>	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate							
	Name of Candidate									
	Candidate Party Affiliation	on REP Office Nouse Senate President	State							
			District 0,8							
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Candidate	PAUL ABRAMSOM								
	Party Com	nmittee:								
	(d)	This committee is a	(Democratic, Republican, etc.) Party.							
		· · · · · · · · · · · · · · · · · · ·	riopublican, cio., rang.							
		ction Committee (PAC):								
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	innected organization is a:							
		Corporation Corporation w/o Capital Stock	Labor Organization							
		Membership Organization Trade Association	Cooperative							
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s	segregated fund or party							
	اليا	committee. (i.e., nonconnected committee)								
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
	Joint Fund	raising 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political							
	Com	mittees Participating in Joint Fundraiser								
			~~~~~~~							
	1.									
	2.	FEC ID number	<u></u>							
	3.	FEC ID number								
	4.									
										
	5.	FEC ID number C								

Page	4
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FEC Form 1 (Revised 1	2/2007)		Page 3
Write or Type Committee Name	Paul Abrams		
	organization, Affiliated Committee, Leader	ership PAC Sponsor or Joint I	Fundraising Representative
1			
	<u> </u>	<u> </u>	
Mailing Address		<u> </u>	
			L
Relationship:	CITY	STATE	ZIP CODE
Connected Organization	Affiliated Committee Lead	ership PAC Sponsor	nt Fundraising Representative
 Custodian of Records: Ider books and records. 	tify by name, address (phone number o	ptional) and position of the pe	erson in possession of committee
Full Name [P,A, U,	A, B, R, A, M, S, O, N,	- 	
Mailing Address	$[P_1, O_1, P_2, O_1, P_2, P_3, P_4, P_4, P_4, P_4, P_4, P_4, P_4, P_4$	<u> </u>	
		<u> </u>	
	$[E_1V_1A_1N_1S_1V_1I_1L_1L_1E_1]$	<u> </u>	47716-
	CITY	STATE	ZIP CODE
Title or Position			
[C,A, M,D, I,O,A,T,E]		Telephone number 8	1,21-6,0,41-[155,7]
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the issistant treasurer).	ne treasurer of the committee;	and the name and address of
Full Name of Treasurer	. A BRANSON	<u> </u>	
Mailing Address	[P 0 80 x . 82 1 0	<u> </u>	
			
	EVANS, VII, L, L, E,		14,7,7,1,6]-
Title or Position	CITY	STATE	ZIP CODE
[C,A,N,D,I P,AT,E		Telephone number	12-604-1557

FE3AN042.PDF

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 12/2007)

[PAUL ABRAMSON]

[P.O. BOX 81210

Full Name of Designated

Mailing Address

Agent

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.

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Imis	2/6/01		
PREPARER (3/2005)	DATE PREPARED		
(3/2005)			