	AND DELIVERED				
FEC FORM 1	STATEME ORGANIZ	_		18 PH 4: 48 ECEIVED Abdick GGI GAN	
1. NAME OF COMMITTEE (ir	full)	Example: If typing, type over the lines.	12FE4M5	สามารถเกิด สามารถเกิดสามารถ สามารถเกิดสามารถ	
ADDRESS (number a is changed	$BS_1 (AS_1 (A_1))$ Ind street) $BBO (A_1 (A_1))$	Elect Rober		MaN, TP, 1 S.C. NATO, T 672201-41202	
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-M	IL ADDRESS (Please provide only one of	· _			
	(Check if address is changed)				
COMMITTEE'S WEE	PAGE ADDRESS (URL)				
is change					
2. DATE 🖉	2 13 5019				
3. FEC IDENTIFI		เป็นสองรู้และสมัครามสาวารการการการการการการการการการการการการกา			
4. IS THIS STATE		AMENDED (A)			
I certify that I have	examined this Statement and to the bes		it is true, correct	and complete.	
Type or Print Name	of Treasurer	rt Leon	T	11man	
Signature of Treasurer Cotent Leon Tillmen Date 87 [13] 3019					
NOTE: Submission of	false, erroneous, or incomplete information ANY CHANGE IN INFORMAT	n may subject the person signing TION SHOULD BE REPORTED V			
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

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	F	EC Fo	rm 1 (Revised 02/2009) Page 2
5.			OMMITTEE
			e Committee: This committee is a principal campaign committee. (Complete the candidate information below.)
	(a)		
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		Robert Leon Trliman
	Candi Party	idate Affiliati	ion Dem State State State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		RoberTHEON TTIMMAN
	Part	y Cor	nmittee:
	(d)	A STATES	(National, State (Democratic, This committee is a STATE or subordinate) committee of the DEM Republican, etc.) Party.
	Polit	ical A	Action Committee (PAC):
	(e)	A COLOR	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock
			Membership Organization
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)	and the second	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.
		Соп	nmittees Participating in Joint Fundraiser
		1.	
		2.	
		3.	
		4.	

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FEC Form 1 (Revised 0	2/2009)	-			Page 3
Write or Type Committee Name	NA		• • • • •		
6. Name of Any Connected O	rganization, Affiliated Co	ommittee, Joint F	undraising Repre	esentative, or L	eadership PAC Sponsor
Mailing Address					
•					
Relationship:	Organization 1 Affiliate	d Committee ja ja	Joint Fundraising	Representative	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	lify by name, address (pr	none number op	tional) and positic	on of the persor	n in possession of committee
Full Name Rab	ert Till	mar	L. L. L. L. L.		<u></u>
Mailing Address	BROZ Be	acon,	H:44	Rd,	<u></u>
		I			
	Wich it a	<u> </u>		KIST 4	572201-14201
Title or Position	C	CITY		STATE	ZIP CODE
Candida	Telle	i I I	Telephone num	ber B /4	3-689-8184
8. Treasurer: List the name and any designated agent (e.g., a		optional) of the	treasurer of the	committee; and	the name and address of
Full Name of Treasurer 785	ort Le		Tallo	<u>an</u>	
Mailing Address	J80J 4	seacon	A_{i}	LL R	<i>d</i>
	Wich 170		└─└─┘╶┘─┤ ╷╷╷╶╷╶╻ <mark>╴</mark>		21P CODE
Title or Position	Treasure		Telephone num	ber <u>B16</u>	1-689-81841

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	Revised 02/2009)				
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Full Name of Designated Agent			<u> </u>		· .·
Mailing Address				<u> </u>	
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					<u> </u>
		CITY		STATE	ZIP CODE
Title or Position			-		
				4	
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safety deposit boxes	or maintains funds.	$\frac{1}{1} + \frac{1}{1}$			funds, holds accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds.	$\frac{1}{1} + \frac{1}{1}$	in which the comm		funds, holds accounts, rents
Banks or Other Dep safety deposit boxes Name of Bank, Depo	or maintains funds.	r other depositories BAIN EAIN EAIN BAIN	in which the comm	iittee deposits	funds, holds accounts, rents
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Mailing Address

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